



CITY OF SHERIDAN, WYOMING

HUMAN RESOURCES DEPARTMENT

Office Use Only
Received: _____

(Please use this address for mailing)
55 Grinnell Plaza
Sheridan, WY 82801

Phone: (307) 675-4220
Fax: (307) 675-4270
Email: hdoke@sheridanwy.gov

APPLICATION FOR EMPLOYMENT

You may attach a resume that will become part of this application.

<u>GENERAL INFORMATION</u>	Date _____ 20____
Position Desired: _____	
Name: _____	
(Last)	(First)
(Middle)	
Address: _____	
(Street)	(City)
(State)	(Zip)
Phone #: _____	
Email Address: _____	

<u>EDUCATION & TRAINING</u>	
Highest grade completed: 7 8 9 10 11 12 or GED	College: 1 2 3 4 5 6
Name and Location of last Elementary or High School Attended: _____	

Name & Location of College, and/or Vocational Schools Attended	Dates Attended		Course of Study	Graduate?		Degree or Certificate
	From	To		Yes	No	

List any apprenticeships, internships, trade schools and/or military schools, completed or not:

Name of School or Apprenticeship	Dates Attended		Employee and Address	Graduate?		Type of Training
	From	To		Yes	No	

Please list any additional training, scholastic honors, or noteworthy achievements: _____

SKILLS AND CERTIFICATIONS

List all equipment/machines you can operate and the years of experience you have had with each.

Equipment / Machine		Years of Experience	
Typing	_____ (WPM)	Computer	_____ (Years)

Other Skills:	Years

Licenses or Certifications Held:	Expiration (if applicable)

EMPLOYMENT DATA

List all experience starting with present or most recent employer first.

Most Recent or Present Employer

Name of Employer		From		To	
Address					
Phone Number		Email Address			
Your Title					
Salary/Annual or Hourly	Beginning		Ending		
Describe in detail your duties and responsibilities:					
Number and kind of employees you supervised if applicable: _____					
Your Supervisor		May We Contact	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Reason for Leaving					

Next Previous Employer

Name of Employer		From		To	
Address					
Phone Number		Email Address			
Your Title					
Salary/Annual or Hourly	Beginning		Ending		
Describe in detail your duties and responsibilities:					
Number and kind of employees you supervised if applicable: _____					
Your Supervisor		May We Contact	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Reason for Leaving					

<i>Next Previous Employer</i>					
Name of Employer		From		To	
Address					
Phone Number		Email Address			
Your Title					
Salary/Annual or Hourly	Beginning		Ending		
Describe in detail your duties and responsibilities:					
Number and kind of employees you supervised if applicable:					
Your Supervisor		May We Contact	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Reason for Leaving					

<i>Next Previous Employer</i>					
Name of Employer		From		To	
Address					
Phone Number		Email Address			
Your Title					
Salary/Annual or Hourly	Beginning		Ending		
Describe in detail your duties and responsibilities					
Number and kind of employees you supervised if applicable:					
Your Supervisor		May We Contact	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Reason for Leaving					

<i>Next Previous Employer</i>					
Name of Employer		From		To	
Address					
Phone Number		Email Address			
Your Title					
Salary/Annual or Hourly	Beginning		Ending		
Describe in detail your duties and responsibilities:					
Number and kind of employees you supervised if applicable:					
Your Supervisor		May We Contact	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Reason for Leaving					

<i>Next Previous Employer</i>					
Name of Employer		From		To	
Address					
Phone Number		Email Address			
Your Title					
Salary/Annual or Hourly	Beginning		Ending		
Describe in detail your duties and responsibilities:					
Number and kind of employees you supervised					
Your Supervisor		May We Contact	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Reason for Leaving					

REFERENCES

List those that know of your abilities. **Please list at least two professional/work references.**

Name	Occupation	Relationship	City	State	Phone

Do you have relatives who work for the City of Sheridan? Yes No

If so, whom: _____

AFFIDAVIT, CONSENT AND RELEASE

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

APPLICATION MUST BE SIGNED TO BE CONSIDERED FOR EMPLOYMENT

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medication information as it may be deemed necessary to judge my capability to do the work for which I am applying.

I promise, as a condition of employment, that within three days of starting work I will submit to the HR Department verification of my U.S. employment eligibility, as required by law, on INS Form I-9, or its successor form.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

Signature

Date

CITY OF SHERIDAN, WYOMING

AUTHORIZATION TO INVESTIGATE JOB APPLICANT

***MUST BE COMPLETED TO BE CONSIDERED FOR EMPLOYMENT**

INFORMATION WAIVER

I authorize the City of Sheridan to make whatever inquiries it may deem necessary in connection with my application for employment. As part of such inquiries, the City of Sheridan has my permission to contact persons who may have information relating to my suitability for employment.

I authorize and instruct any person or agency contacted by the City of Sheridan or the Sheridan Police Department to participate or conduct inquiries at its request, to compile information, and to furnish the City of Sheridan with any information obtained as a result of such inquiries.

I further authorize the City of Sheridan, in its sole discretion, to furnish copies of this Authorization and my application to any person(s) in connection with the above purposes.

Full Name: _____ Social Security Number: _____
(Please print)

Address: _____
(Street) (City) (State) (Zip)

DISCLOSURE STATEMENT

Information contained in reports obtained by the Sheridan Police Department in accordance with the above authorization may include information pertaining to your character, general reputation, police record, personal characteristics, and mode of living. You have the right to request that the Sheridan Police Department completely and accurately disclose to you the nature and scope of all investigations requested. Such a request must be made in writing to the Human Resources Department within a reasonable period of time after your application for employment is received.

(Signature)

(Date)

(Parent/Guardian Signature if under 18 years of age)

(Date)

REFERRAL SOURCE

***Mark all that apply**

Date _____ 20_____

Position(s) Applied for: _____

Referral Source:

Newspaper

____ The Sheridan Press

____ Other: _____

Employment Agency

____ Employ

____ Other: _____

Word of Mouth

____ Relative

____ Friend

____ City Employee: _____

____ Other: _____

Website

____ City of Sheridan

____ Wyoming at Work

____ Chamber of Commerce

____ Indeed

____ Facebook

____ Other: _____

Other Advertisement

Source: _____

Please detach and keep for your records.

APPLICANT INFORMATION FORM

NOTICE: IF EXTENDED A CONDITIONAL OFFER OF EMPLOYMENT, APPLICANTS WILL BE REQUIRED TO PRESENT THE PROPER DOCUMENTS BEFORE EMPLOYMENT. APPLICANTS WHO DO NOT PRESENT THE PROPER DOCUMENTS CANNOT BE HIRED.

As a condition of employment with the City of Sheridan, successful applicants will be asked to present one selection from List A or a combination of one selection from List B and one selection from List C before being hired:

List A Documents that Establish Both Identity and Employment Authorization	List B Documents that Establish Identity	List C Documents that Establish Employment Authorization	
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION	
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)			
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Aboard issued by the Department of State (Form FS-545)	
4. Employment Authorization Document that contains a photograph (Form I-766)			
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)	
	4. Voter's registration card		
	5. U.S. Military card or draft record		
		6. Military dependent's ID card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		7. U.S. Coast Guard Merchant Mariner Card	
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		For persons under age 18 who are unable to present a document listed above:	5. Native American tribal document
		10. School record or report card	6. U.S. Citizen ID Card (Form I-197)
		11. Clinic, doctor, or hospital record	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association between the United States and the FSM or RMI	12. Day-care or nursery school record	8. Employment authorization document issued by the Department of Homeland Security	

This information is a representation of the information presented in the Form I-9 for employment.

SUPPLEMENTAL INFORMATION FOR POLICE DEPARTMENT APPLICANTS

Instructions to the Applicant:

The information you provide in the City Application and this supplement will be used to assist in determining your suitability for a position with the Sheridan Police Department. Please fill out the questionnaire completely and accurately. Keep in mind that:

- The completion of this form is mandatory for all applicants.
- All statements are subject to verification.
- Deliberate inaccuracies or incomplete statements may bar or remove you from employment consideration.
- Your ability to complete this document as requested will be evaluated and used as one basis for employment decisions.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances and facts surrounding its occurrence and its degree of relevance to the job. For example, being fired from a job or having an arrest record is not in itself grounds for disqualification. During the investigation, the investigator will inquire into the facts surrounding such an occurrence. An evaluation will then be made on the relevance of these facts to the requirements of the job. Deliberate omissions or deliberate misstatements of required information are grounds for rejection. Failure to properly complete this document may also result in the rejection of your application. If you wish to provide further information please use the comments sections

Have you ever been charged with a crime?

No

Yes

If yes please note offense and year of arrest:

Comments:

Please list all moving violation citations you have received since you began driving, if none write "n/a"

Year Received	Violation	Issuing Agency	Disposition (Fined, Guilty, Not Guilty)

Have you ever had your driving privileges suspended or revoked?

Yes

No

Comments:

How many total traffic crashes have been involved in as a driver? _____

Year of Crash	Location	Type of Crash e.g. slide off, rear end, fail to yield ...

Have you ever been fired or forced to resign from a job?

Yes

No

Comments:

Have you ever been delinquent on ordered child support or alimony?

Yes

No

Comments:

Have you ever been the subject of a protection order, stalking order, or no-contact order issued by a court?

Yes

No

Comments:

Have you ever been dishonorably discharged from the military?

Yes

No

Comments:

Within the past two years have others used illegal drugs in your presence?

Yes

No

Comments:

Have you ever illegally sold, traded, or shared a controlled substance?

Yes

No

Comments:

Please complete the chart below. For each substance mark the appropriate box, this includes any use of the substance, even if you believed the use to be allowed by the law in that jurisdiction.

Substance	Used?			Number of times?			
	Never	Within past 2 years	Within past 5 years	Ever Used	1-2	3-5	5+
Marijuana/THC							
Methamphetamine							
Cocaine							
LSD							
PCP							
Heroin							
Steroids							

MDMA, Ecstasy, any designer drug							
Inhalants							
Opium, Morphine							
Others not listed above							

Have you ever used cough medicine or another over-the-counter drug to get high?

- Yes
- No

Comments:

Have you ever used legitimately prescribed medicine that was prescribed to another? Or abused medicine prescribed to you?

- Yes
- No

Comments:

To your knowledge, are you capable of performing the tasks of a City of Sheridan Police Officer as listed in the job description?

- Yes
- No

Comments:

The Sheridan PD emphasizes the idea of character throughout the hiring process. We believe in hiring people of integrity who will reflect our values and help us serve others and accomplish objectives. Additionally, an important skill for police officers is the ability to communicate well in writing. Police officers need to write in a clear and professional manner. To help us better understand your character and see your writing ability, **you must submit a short essay (500 words or less) with this application**. In the essay, address your motivations to become a Sheridan Police Officer. Tell us why you would like to work in law enforcement and express your traits and talents that may not be obvious from your application. This essay is an opportunity to illustrate to us your abilities and who you are.

I hereby certify that there are not willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions.

I understand that any appointment offered me is contingent upon the successful outcome of the background investigation, physical fitness assessment (if required) and oral board recommendation. I also understand that during the entire hiring process, I am required to report any changes in this personal history statement within five (5) working days (defined as Monday through Friday). I am fully aware that failure to report any changes in this personal history and/or any false statements or omissions made on any documentation I provide shall be cause for my name to be removed from the Eligibility List. If appointment is made prior to discovery of these omissions, that discovery will be ground for IMMEDIATE dismissal from this Department.

Dated this _____ day of _____, 20_____.

Applicant's Signature:
