 Cokeville Police Department

 Job Application

PERSONAL INFORMATION

FULL LEGAL NAME:

PHYSICAL ADDRESS:

MAILING ADDRESS:

TELEPHONE #: HOME: CELL

EMAIL ADDRESS:

ARE YOU A UNITED STATES CITIZEN? YES NO

ARE YOU AT LEAST 21 YEARS OLD? YES NO

DO YOU HOLD A HIGHSCHOOL DIPLOMA OR G.E.D? YES NO

DO YOU HAVE PRIOR MILITARY SERVICE? YES NO BRANCH?

ARE YOU CURRENTLY POST CERTIFIED IN WYOMING OR ANOTHER STATE? YES NO IF NOT IN WYOMING WHICH STATE?

PLEASE LIST ANY SKILLS, APTITUDES, SPEACIAL TRAINING, CERTIFICATIONS, OR JOB-RELATED EXPERIENCE THAT YOU FEEL QUALIFY YOU FOR EMPLOYEMENT WITH COKEVILLE POLICE DEPARTMENT.

HAVE YOU EVER BEEN CONVICTIED BY ANY STATE OR FEDERAL GOVERNMENT OF A CRIME FOR WHICH YOU COULD HAVE BEEN PUNISHED BY IMPRISONMENT? YES NO IF YES, WHERE, WHEN, AND FOR WHAT CRIME?

 DRIVERS LICENSE INFORMATION

DO YOU POSSESS A VALID DRIVERS LICENSE? YES NO

IN WHAT STATE DO YOU POSSESS A VALID DRIVERS LICENSE?

PLEASE PROVIDE DRIVERS LICENSE NUMBER.

HAS YOUR DRIVING PRIVILEGE EVER BEEN SUSPENDED, CANCELED, OR REVOKED? YES NO IF YES, WHERE, WHEN AND FOR WHAT REASON?

EMPLOYMENT HISTORY

(PREVIOUS EMPLOYMENT- LIST YOUR WORK HISTORY FOR THE PAST 5 YEARS WITH CURRENT OR MOST RECENT POSITION FIRST).

1. NAME OF EMPLOYER:

ADDRESS:

PHONE NUMBER: POSITION:

DATE HIRED: DATE TERMINATED SALARY

DESCRIPTION OF DUTIES

REASON FOR LEAVING

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 RESIDENCY HISTORY

(LIST YOUR RESIDENCY FOR THE PAST 5 YEARS, INCLUDING THE DATES AT EACH RESIDENCE, CURRENT OR MOST RECENT ADDRESS FIRST).

 EMPLOYMENT REFERENCES

(LIST 3 PREVIOUS SUPERVISORS OR CO-WORKERS WHOM WE CAN CONTACT)

1) NAME PHONE NUMBER

COMPANY NAME

RELATIONSHIP TO YOU: SUPERVISOR CO-WORKER

2) NAME PHONE NUMBER

COMPANY NAME

RELATIONSHIP TO YOU: SUPERVISOR CO-WORKER

3) NAME PHONE NUMBER

COMPANY NAME

RELATIONSHIP TO YOU: SUPERVISOR CO-WORKER

 PERSONAL REFERENCES

1) NAME PHONE NUMBER

ADDRESS

2) NAME PHONE NUMBER

ADDRESS

3) NAME PHONE NUMBER

ADDRESS