Office of the Fire Chief

300 Lakeview Drive MILLS, WYOMING 82604 OFFICE: (307) 439-1246

FAX: (307) 235-4967



APPLICATION FOR EMPLOYMENT

INSTRUCTIONS Fill out this application in its entirety. If a section does not apply to you please mark it "N/A". Mills Fire Department will NOT accept incomplete applications.						
I: PERSONAL INFORMATION						
NAME (LAST, FIRST, MIDDLE)		EMAIL		ARE YOU 18 OR OLDER? YES NO		
MAIDEN NAME (IF APPLICABLE)						
ADDRESS	CITY	STAT	STATE		ZIP CODE	
HOME PHONE		CELL PHONE		WORK PHONE		
DRIVER'S LICENSE NUMBER	CLASS	STAT	STATE		EXPIRATION DATE	
HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? YES NO If Yes, Explain:						
II: EDUCATION						
HIGHEST GRADE COMPLETED: HIGH SCHOOL: COLLEGE: GED/HS DIPLOMA ASSOCIATES BACHELORS MASTERS PHD						
LIST ALL SCHOOLS ATTENDED						
NAME	1	ADDRESS	FROM		то	DIPLOMA/DEGREE

				 		
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III: QUESTIONNAIRE						
IS THERE ANY REASON YOU CAN		ENTIAL FUNCTIONS OF THE PC	OSITION FOR WHICH Y	OU ARE APPLYING?		
HAVE YOU EVER BEEN CONVICTI						
	Yes", Explain:					
YES NO If "	Yes", Explain:	.CLUDES YOU FROIVI CARNTING	3 A FIREAKIVI?			
DID YOU SERVE IN THE MILITARY	Y?					
DO YOU HAVE A RELATIVE EMPL	Yes", Type of Dis	OF MILLS?				
YES NO If "	Yes", Whom and	in What Capacity:				
DO YOU HAVE ANY PRIOR FIRE/E	ems experience? Yes", Departmen	nt(s):			Y	YEARS OF EXPERIENCE (IF APPLICABLE)
IV: CRIMINAL HISTOR		(6).				
		CTED OF A FELONY? Y	/EC	NO		
TYPE	-N DELIT CO.TT.	TED OF ATELONE.	CHARGE	10		DATE
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V: EMPLOYMENT HISTORY LAST 5 YEARS (MOST RECENT FIRST) **EMPLOYER NAME** TELEPHONE ADDRESS CITY STATE ZIP CODE POSITION HELD EMPLOYED FROM EMPLOYED TO STARTING SALARY ENDING SALARY DUTIES MAY WE CONTACT REASON FOR LEAVING SUPERVISOR NAME YES NO **EMPLOYER NAME TELEPHONE ADDRESS** CITY STATE ZIP CODE POSITION HELD EMPLOYED FROM EMPLOYED TO STARTING SALARY **ENDING SALARY** DUTIES SUPERVISOR NAME MAY WE CONTACT REASON FOR LEAVING YES NO **EMPLOYER NAME** TELEPHONE **ADDRESS** CITY STATE ZIP CODE POSITION HELD **EMPLOYED FROM EMPLOYED TO** STARTING SALARY **ENDING SALARY** DUTIES SUPERVISOR NAME MAY WE CONTACT REASON FOR LEAVING YES [NO **EMPLOYER NAME** TELEPHONE **ADDRESS** CITY STATE ZIP CODE POSITION HELD EMPLOYED FROM **EMPLOYED TO** STARTING SALARY **ENDING SALARY DUTIES** SUPERVISOR NAME MAY WE CONTACT REASON FOR LEAVING YES \square NO EMPLOYER NAME TELEPHONE ADDRESS STATE ZIP CODE CITY EMPLOYED FROM STARTING SALARY POSITION HELD EMPLOYED TO ENDING SALARY DUTIES MAY WE CONTACT REASON FOR LEAVING SUPERVISOR NAME YES NO EMPLOYER NAME TELEPHONE ADDRESS CITY STATE ZIP CODE EMPLOYED FROM POSITION HELD **EMPLOYED TO** STARTING SALARY **ENDING SALARY** DUTIES SUPERVISOR NAME MAY WE CONTACT REASON FOR LEAVING YES NO

VI: REFERENCES (NO RELATIVES)				
REFERENCE NAME		TELEPHONE		
ADDRESS	CITY	STATE	ZIP CODE	
REFERENCE NAME	-	TELEPHONE		
ADDRESS	СІТУ	STATE	ZIP CODE	
REFERENCE NAME		TELEPHONE	<u> </u>	
ADDRESS	CITY	STATE	ZIP CODE	
REFERENCE NAME	<u> </u>	TELEPHONE	<u>'</u>	
ADDRESS	CITY	STATE	ZIP CODE	

VII: ACKNOWLEDGEMENT & SIGNATURE

I understand that my insurability will be verified and I may not be eligible for employment in a driving essential position or; if employed, I may be terminated because I am uninsurable.

The City of Mills considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status.

I certify that the answers given herein are true and complete to the best of my knowledge; and I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in disciplinary action that could lead to termination of my employment.

PRINTED NAME	SIGNATURE	DATE

Return completed application to the Mills Fire Department via mail (any carrier) at the address listed below, e-mail (firechief@millswy.gov), or hand deliver to the front office (Monday – Friday 8AM – 5PM).

Thank you for your interest in employment with the Mills Fire Department. If your application is accepted, you will be invited to participate in the next scheduled testing process. You will be contacted with details when the next testing process is scheduled.

Sincerely, Mills Fire Chief

> * MILLS FIRE DEPARTMENT * 300 Lakeview Dr. * MILLS * WYOMING * 82604 * * OFFICE: (307) 439-1246 * FAX: (307) 235-4967 *