BRYON PRECIADO, CHIEF

4800 W. YELLOWSTONE HIGHWAY MILLS, WYOMING 82644 OFFICE: (307) 266-4796 FAX: (307) 235-8976

All

POLICE



INSTRUCTIONS

Fill out this application in its entirety. If a section does not apply to you please mark it "N/A".	
Mills Police Department will NOT accept incomplete applications.	

I: PERSONAL INFORMATION	l						
NAME (LAST, FIRST, MIDDLE)		DATE OF BIRTH			SOCIAL SECURITY	' NUMBER	
ALIASES USED					1		
ADDRESS	CITY		STATE		Z	IP CODE	
HOME PHONE	I	CELL PHONE	I		WORK PHONE		
DRIVER'S LICENSE NUMBER	CLASS		STATE		E	XPIRATION D	ATE
HAS YOUR DL EVER BEEN SUSPENDED OF							
HIGHEST GRADE COMPLETED: HIGH SCHOOL: CO	LLEGE:	GED/HS DIPLOM	IA 🗌 ASSO		BACHELORS [MAS	TERS PHD
		LIST ALL SC	HOOLS ATTE				
NAME		ADDRESS		FROM	· ·	ТО	DIPLOMA/DEGREE
III: QUESTIONNAIRE	•						
IS THERE ANY REASON YOU CANNOT PER		IAL FUNCTIONS OF THE POSI	TION FOR WHICH	YOU ARE APPLYII	NG?		
HAVE YOU EVER BEEN CONVICTED OF A	FELONY?						
YES NO If "Yes", E HAVE YOU EVER BEEN CONVICTED OF A		DES YOU FROM CARRYING A	FIREARM?				
VES NO If "Yes", E	xplain:						
YES NO If "Yes", T	ype of Discha	rge:					
DO YOU HAVE A RELATIVE EMPLOYED W		MILLS? What Capacity:					
DO YOU HAVE ANY PRIOR LAW ENFORCE	MENT EXPERIENCE	?				YEARS OF	EXPERIENCE (IF APPLICABLE)
	Department(s)	:					
IV: CRIMINAL HISTORY LIST ALL CRIMINAL A	ND TRAFFIC (CONVICTIONS IN YO	UR LIFE TIM	E (F – FELON	IY, M – MISDE	MEANOR	r, T – TRAFFIC)
ТҮРЕ			HARGE	-			DATE
□ F □ M □ T							
						1	

	LAST	5 YEAR	S (MOST	FRECENT	FIRST)	*USE AN ADDITIO	ONAL SHEET		
EMPLOYER NAME								TELEPHONE	
ADDRESS					CITY			STATE	ZIP CODE
POSITION HELD			EMPLOY	ED FROM		EMPLOYED TO	START	ING SALARY	ENDING SALARY
DUTIES									
SUPERVISOR NAME	м	AY WE COI	_	REASON F	or leavi	NG			
EMPLOYER NAME		YES						TELEPHONE	
ADDRESS					CITY			STATE	ZIP CODE
POSITION HELD			EMPLOY	ED FROM		EMPLOYED TO	START	ING SALARY	ENDING SALARY
DUTIES			1			I	I		
SUPERVISOR NAME	M			REASON F	OR LEAVI	NG			
EMPLOYER NAME		YES						TELEPHONE	
ADDRESS					CITY			STATE	ZIP CODE
POSITION HELD			EMPLOY	ED FROM		EMPLOYED TO	START	ING SALARY	ENDING SALARY
DUTIES			1			1	I		I
SUPERVISOR NAME	M			REASON F	OR LEAVI	NG			
EMPLOYER NAME		YES						TELEPHONE	
ADDRESS					CITY			STATE	ZIP CODE
POSITION HELD			EMPLOY	ed from		EMPLOYED TO	START	ING SALARY	ENDING SALARY
DUTIES			1			1	1		1
SUPERVISOR NAME	M	AY WE CO		REASON F	OR LEAVI	NG			
		YES						TELEDUONE	
EMPLOYER NAME								TELEPHONE	
ADDRESS					CITY			STATE	ZIP CODE
POSITION HELD			EMPLOY	ED FROM		EMPLOYED TO	START	ING SALARY	ENDING SALARY
DUTIES			1				1		
SUPERVISOR NAME	М			REASON F	OR LEAVI	NG			
EMPLOYER NAME		YES						TELEPHONE	
ADDRESS					CITY			STATE	ZIP CODE
			-		CITY				
POSITION HELD			EMPLOY	ed from		EMPLOYED TO	START	ING SALARY	ENDING SALARY
DUTIES			•				·		
SUPERVISOR NAME	M	AY WE CON		REASON F	OR LEAVI	NG			
		YES							

REFERENCE NAME		TELEPHONE	
DDRESS	CITY	STATE	ZIP CODE
FERENCE NAME		TELEPHONE	
DDRESS	CITY	STATE	ZIP CODE
FERENCE NAME		TELEPHONE	
DDRESS	CITY	STATE	ZIP CODE
FERENCE NAME		TELEPHONE	
/II: ACKNOWLEDGEMENT & SIGNAT	URE Ly will be verified and I may not be ed, I may be terminated because I	5, 1, 7	zip code
essential position or; if employe The Town of Mills considers ap national origin, age disability, r status. certify that the answers given the investigation of all stateme arriving at an employment dec	URE ty will be verified and I may not be ed, I may be terminated because I plicants for all positions without r narital or veteran status, sexual of herein are true and complete to nts contained in this application f ision. In the event of my employm	e eligible for employmen am uninsurable. egard to race, color, reli ientation, or any other the best of my knowled or employment as may ent, I understand that f	t in a driving gion, creed, gende legally protected ge; and I authorize be necessary in alse or misleading
All: ACKNOWLEDGEMENT & SIGNAT understand that my insurabili essential position or; if employe The Town of Mills considers ap national origin, age disability, r tatus. certify that the answers given he investigation of all stateme arriving at an employment dec	URE ty will be verified and I may not be ed, I may be terminated because I plicants for all positions without r harital or veteran status, sexual of herein are true and complete to r nts contained in this application f ision. In the event of my employm ation or interview(s) may result in	e eligible for employmen am uninsurable. egard to race, color, reli ientation, or any other the best of my knowled or employment as may ent, I understand that f	t in a driving gion, creed, gende legally protected ge; and I authorize be necessary in alse or misleading

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, Bryon Preciado, Chief

> * MILLS POLICE DEPARTMENT * 4800 W. YELLOWSTONE HWY * MILLS * WYOMING * 82604 * * OFFICE: (307) 266-4796 * FAX: (307) 235-8976 *