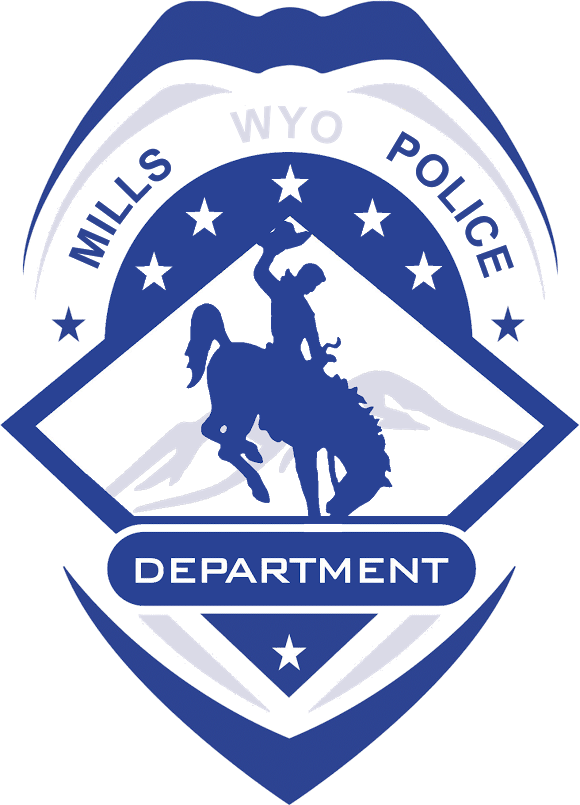
**BRYON PRECIADO, CHIEF**4800 W. YELLOWSTONE HIGHWAY  
MILLS, WYOMING 82644  
OFFICE: (307) 266-4796  
FAX: (307) 235-8976



**APPLICATION FOR EMPLOYMENT  
POLICE OFFICER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | |  | | | | | | | | |
| NAME (LAST, FIRST, MIDDLE) | | | | DATE OF BIRTH | | | SOCIAL SECURITY NUMBER | | | | | |
| ALIASES USED | | | | | | | | | | | | |
| ADDRESS | | CITY | | | STATE | | | | ZIP CODE | | | |
| HOME PHONE | | | | CELL PHONE | | | WORK PHONE | | | | | |
| DRIVER’S LICENSE NUMBER | | | CLASS | | STATE | | | | EXPIRATION DATE | | | |
| HAS YOUR DL 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** | | | **ADDRESS** | | | **FROM** | | **TO** | | | | **DIPLOMA/DEGREE** |
|  | | |  | | |  | |  | | | |  |
|  | | |  | | |  | |  | | | |  |
|  | | |  | | |  | |  | | | |  |
|  | | |  | | |  | |  | | | |  |
|  | | |  | | |  | |  | | | |  |
|  | | |  | | |  | |  | | | |  |
|  | | | | | | | | | | | | |
| **III: QUESTIONNAIRE** | | | |  | | | | | | | | |
| IS THERE ANY REASON YOU CANNOT PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION FOR WHICH YOU ARE APPLYING?  YES  NO If “Yes”, Explain: | | | | | | | | | | | | |
| HAVE YOU EVER BEEN CONVICTED OF A FELONY?  YES  NO If “Yes”, Explain: | | | | | | | | | | | | |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME THAT EXCLUDES YOU FROM CARRYING A FIREARM?  YES  NO If “Yes”, Explain: | | | | | | | | | | | | |
| DID YOU SERVE IN THE MILITARY?  YES  NO If “Yes”, Type of Discharge: | | | | | | | | | | | | |
| DO YOU HAVE A RELATIVE EMPLOYED WITH THE TOWN OF MILLS?  YES  NO If “Yes”, Whom and in What Capacity: | | | | | | | | | | | | |
| DO YOU HAVE ANY PRIOR LAW ENFORCEMENT EXPERIENCE?  YES  NO If “Yes”, Department(s): | | | | | | | | | | YEARS OF EXPERIENCE (*IF APPLICABLE*) | | |
|  | | | | | | | | | | | | |
| **IV: CRIMINAL HISTORY** | | | |  | | | | | | | | |
| **LIST ALL CRIMINAL AND TRAFFIC CONVICTIONS IN YOUR LIFE TIME (***F – FELONY, M – MISDEMEANOR, T – TRAFFIC***)** | | | | | | | | | | | | |
| **TYPE** | **CHARGE** | | | | | | | | | | **DATE** | |
| **F**  **M**  **T** |  | | | | | | | | | |  | |
| **F**  **M**  **T** |  | | | | | | | | | |  | |
| **F**  **M**  **T** |  | | | | | | | | | |  | |
| **F**  **M**  **T** |  | | | | | | | | | |  | |
| **F**  **M**  **T** |  | | | | | | | | | |  | |
| **F**  **M**  **T** |  | | | | | | | | | |  | |
| **F**  **M**  **T** |  | | | | | | | | | |  | |
| **F**  **M**  **T** |  | | | | | | | | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **V: EMPLOYMENT HISTORY** | | |  | | | | | | | |
| **LAST 5 YEARS (MOST RECENT FIRST) \****USE AN ADDITIONAL SHEET IF NEEDED***\*** | | | | | | | | | | |
| EMPLOYER NAME | | | | | | | | TELEPHONE | | |
| ADDRESS | | | | | CITY | | | STATE | | ZIP CODE |
| POSITION HELD | | EMPLOYED FROM | | | | EMPLOYED TO | STARTING SALARY | | ENDING SALARY | |
| DUTIES | | | | | | | | | | |
| SUPERVISOR NAME | MAY WE CONTACT  YES  NO | | | REASON FOR LEAVING | | | | | | |
|  | | | | | | | | | | |
| EMPLOYER NAME | | | | | | | | TELEPHONE | | |
| ADDRESS | | | | | CITY | | | STATE | | ZIP CODE |
| POSITION HELD | | EMPLOYED FROM | | | | EMPLOYED TO | STARTING SALARY | | ENDING SALARY | |
| DUTIES | | | | | | | | | | |
| SUPERVISOR NAME | MAY WE CONTACT  YES  NO | | | REASON FOR LEAVING | | | | | | |
|  | | | | | | | | | | |
| EMPLOYER NAME | | | | | | | | TELEPHONE | | |
| ADDRESS | | | | | CITY | | | STATE | | ZIP CODE |
| POSITION HELD | | EMPLOYED FROM | | | | EMPLOYED TO | STARTING SALARY | | ENDING SALARY | |
| DUTIES | | | | | | | | | | |
| SUPERVISOR NAME | MAY WE CONTACT  YES  NO | | | REASON FOR LEAVING | | | | | | |
|  | | | | | | | | | | |
| EMPLOYER NAME | | | | | | | | TELEPHONE | | |
| ADDRESS | | | | | CITY | | | STATE | | ZIP CODE |
| POSITION HELD | | EMPLOYED FROM | | | | EMPLOYED TO | STARTING SALARY | | ENDING SALARY | |
| DUTIES | | | | | | | | | | |
| SUPERVISOR NAME | MAY WE CONTACT  YES  NO | | | REASON FOR LEAVING | | | | | | |
|  | | | | | | | | | | |
| EMPLOYER NAME | | | | | | | | TELEPHONE | | |
| ADDRESS | | | | | CITY | | | STATE | | ZIP CODE |
| POSITION HELD | | EMPLOYED FROM | | | | EMPLOYED TO | STARTING SALARY | | ENDING SALARY | |
| DUTIES | | | | | | | | | | |
| SUPERVISOR NAME | MAY WE CONTACT  YES  NO | | | REASON FOR LEAVING | | | | | | |
|  | | | | | | | | | | |
| EMPLOYER NAME | | | | | | | | TELEPHONE | | |
| ADDRESS | | | | | CITY | | | STATE | | ZIP CODE |
| POSITION HELD | | EMPLOYED FROM | | | | EMPLOYED TO | STARTING SALARY | | ENDING SALARY | |
| DUTIES | | | | | | | | | | |
| SUPERVISOR NAME | MAY WE CONTACT  YES  NO | | | REASON FOR LEAVING | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **VI: REFERENCES** |  | | | | | | |
| REFERENCE NAME | | | | | TELEPHONE | | |
| ADDRESS | | | | CITY | STATE | | ZIP CODE |
|  | | | | | | | |
| REFERENCE NAME | | | | | TELEPHONE | | |
| ADDRESS | | | | CITY | STATE | | ZIP CODE |
|  | | | | | | | |
| REFERENCE NAME | | | | | TELEPHONE | | |
| ADDRESS | | | | CITY | STATE | | ZIP CODE |
|  | | | | | | | |
| REFERENCE NAME | | | | | TELEPHONE | | |
| 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 Town 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 Police Department via mail (any carrier) at the address listed below, e-mail (BPreciado@millswy.gov), or hand deliver to the front office (Monday – Friday 8AM – 5PM). | | | | | | | |
|  | | | | | | | |
| **Thank you for your interest in employment with the Mills Police 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,**  **Bryon Preciado, Chief** | | | | | | | |

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