

**Town of  
Greybull  
Police Officer Application Form**



Full Name (Print): \_\_\_\_\_  
First Middle Last

Any Other Names Used (Past or Present): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

Are you a Certified Peace Officer? \_\_\_\_\_ If yes, what state? \_\_\_\_\_

May we contact your current employer? \_\_\_\_\_

Do you hold a valid driver's license? \_\_\_\_\_ Issuing State \_\_\_\_\_ License class (A,B,C)

Are you related to any full-time Town of Greybull Employee(s)? \_\_\_\_\_ If yes, please provide the employee's name and the nature of the relationship \_\_\_\_\_

Please list any information, including additional skills, professional memberships, awards, etc. you feel may be important or useful in helping the Town of Greybull decide whether you should be hired for this position.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

**RELEASE AUTHORIZATION**

**Please read the following information carefully before signing.**

I certify that all information provided in this application is true and complete. I understand misrepresentation or omission of facts called for during the application or selection process may disqualify me from further consideration and may be cause for dismissal.

I understand that the Town of Greybull may conduct a background investigation which may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of any consumer reporting agency which may be utilized in the background investigation so I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application 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 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 medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand that I may be required to successfully pass drug and alcohol screening examinations. I hereby consent to a pre- and/or post-employment drug and alcohol screens as a condition of employment, if required.

I have read, understand, and by my signature consent to these statements. I authorize investigation of all information contained in this application.

---

**Applicant's Signature**

---

**Date**

**- APPLICATION IS NOT VALID WITHOUT APPLICANT'S ORIGINAL SIGNATURE**

**- SUBMIT THE COMPLETED PERSONAL HISTORY STATEMENT WITH THE APPLICATION**

**- APPLICANTS MUST ATTACH THE FOLLOWING DOCUMENTATION:**

- \* Copy of Birth Certificate
- \* Copy of Current Valid Driver's License and 10 year driving record
- \* Copy of Social Security Card
- \* Copies of High School and Other Diplomas
- \* Copy of Military Records
- \* One Page Synopsis Outlining Your Reasons for Wanting to Be a Greybull Police Officer

**Submit to:**

**Chief of Police  
P.O. Box 271  
Greybull, WY 82426  
Phone 307-765-2308  
Fax 307-765-2384**

## **PERSONAL HISTORY STATEMENT APPLICANT INSTRUCTIONS**

The information you provide in this personal history statement will be used in the investigation into your background to assist in determining your suitability for the position of the Greybull Police Department. Please complete the questionnaire completely and accurately. Completion of this form is mandatory for all applicants. The form must be received by the application deadline.

All information contained in the personal history statement is subject to verification. Deliberate inaccuracies or incomplete statements may bar or remove you from employment consideration. All time periods in your background must be accounted for.

It is to your advantage that you respond openly and completely. Any negative factors 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 and of itself grounds for disqualification. During the background investigation, the investigator will inquire into the facts surrounding such an occurrence. A complete evaluation will then be made of the relevance of these facts to the requirements of the job.

Deliberate omissions or deliberate misstatements and misrepresentations of required information are grounds for rejection. Failure to properly complete this document may also result in rejection of your application.

If a question does not apply to you, write n/a (not applicable) in the space provided for the answer. Do not leave any space blank. If you need more space to respond to a question, please use additional pages and identify the additional information by including the question.

**All applicants are required to submit the following information with their application form and personal history statement:**

- \* Copy of Birth Certificate**
- \* Copy of Current Valid Driver's License and 10 year Driving Record**
- \* Copy of Social Security Card**
- \* Copies of High School and Other Diplomas**
- \* Copy of Military Records**
- \* One Page Synopsis Outlining Your Reasons For Wanting to be a Greybull Police Officer**

Thank you for your interest in the Greybull Police Department. Submit all application information

to: Chief of Police  
Town of Greybull  
P.O. Box 271  
24 South 5<sup>th</sup> Street  
Greybull, Wyoming 82426



Spouse:		
Former Spouse:		
Former Spouse:		
Brother/Sister:		
Brother/Sister:		
Brother/Sister:		
Brother/Sister:		
Step-Mother:		
Step-Father:		
Step-Siblings:		

Please list other relatives with whom you have a close personal relationship (including children)

Name	Relationship	Current Address	Telephone Number

Please list all individuals with whom you have resided during the last ten years (do not include information prior to your 15th birthday). Exclude family members.

Name	Current Address	Telephone Number

Please list as references 3 individuals who have knowledge of you and your qualifications. Exclude relatives, former employers and friends.

Name	Current Address	Telephone Number

Please list 3 individuals who are social acquaintances (i.e., person whom you have seen frequently during the past year) and who have knowledge of your qualifications. Exclude relatives and former employees.

Name	Current Address	Telephone Number

**EDUCATION:**

The Peace Officers Standards and Training Commission requires a Peace Officer to possess a high school diploma or its equivalent.

\_\_\_\_\_ I possess a high school diploma.

\_\_\_\_\_ I passed the G.E.D. (General Education Development) test.

\_\_\_\_\_ I possess other equivalent. Explain \_\_\_\_\_

\_\_\_\_\_ I do not currently have a high school diploma or its equivalent, but will satisfy this requirement as follows:  
 Date \_\_\_\_\_ How? \_\_\_\_\_

Please indicate all schools you have attended, beginning with high school. During the background investigation, persons who have known you in a learning environment may be contacted and your school records may be reviewed.

School Name	Location (City, State)	Dates Attended	School Reference	Degree/Diploma

Were you ever expelled from any school? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain (include school, date and circumstances). \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been placed on academic probation? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain (school, dates and circumstances). \_\_\_\_\_  
\_\_\_\_\_

Please list clubs, sports, leadership positions, community activities, awards, commendations or items of special recognition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESIDENCES:**

Individuals who have become acquainted with you by reason of your locations are often helpful in providing useful information for the background investigation.

Please list all of your residences during the last 10 years, not including information prior to your 15th birthday. Begin with the most current residence first.

Address of Residence	City, State, Zip Code	Dates Resided	If rental, name/address of rent collector

**EXPERIENCE AND EMPLOYMENT:**

Beginning with your most current employment, please list all jobs (including part-time, temporary and voluntary), you have held **since the age of eighteen**. Indicate the nature of the position (full-time, part-time or voluntary). If you have had intervening periods of military service or unemployment, please list those periods in sequence. Attach additional paper if necessary.

Employment Dates	Employer's Name, Address & Telephone Number	Position Held/ Supervisor's Name/Title	Rate of Pay	Reason for Leaving

Employment Dates	Employer's Name, Address & Telephone Number	Position Held/ Supervisor's Name/Title	Rate of Pay	Reason for Leaving

Have you ever quit a job rather than get fired? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain in detail the circumstances surrounding your termination/request to leave or resignation in lieu of being fired. Please include allegations made against you, dates, names, address and phone number of your employer, supervisor's name and all of the facts. If you have been fired or requested to leave on more than one occasion, please list each incident separately (attach additional pages if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

May we contact your present employer during the course of a background investigation? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If no, when should such contact be made? \_\_\_\_\_

If you have had no prior employment, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY SERVICE:**

Have you ever served in the armed forces, National Guard or military reserves? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following information:

Branch of Service \_\_\_\_\_ Service # \_\_\_\_\_ Service Dates \_\_\_\_\_ to \_\_\_\_\_

Type of Discharge \_\_\_\_\_

Awards, Special Schools/Training (type and date) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list current and past draft classifications in chronological order beginning with the most current classification.

\_\_\_\_\_

Are you currently a member of a U.S. Reserve or National or State Guard Organization? Yes \_\_\_\_\_ No \_\_\_\_\_



Branch of Service \_\_\_\_\_ Active \_\_\_\_\_ Inactive \_\_\_\_\_ Standby \_\_\_\_\_  
 Grade & Service # \_\_\_\_\_ Organization/State/Unit & Location \_\_\_\_\_

Have you ever been the subject of any judicial or non-judicial disciplinary action while in the military, National Guard or military reserves? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please give details, including branch of service, date, location and circumstances. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background. Please list three individuals who know you well enough to provide accurate information about you.

Name	Address	Telephone Number	Years Acquainted

**FINANCIAL:**

This section will be used to evaluate the behavior exhibited by you in meeting your financial obligations. Please be complete and accurate.

Please supply information about your charge accounts, contracts or other financial liabilities.

Name of Firm	Address	Telephone Number	Account Number

Have you ever filed for or declared bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please give details, including date, location and circumstances. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have any of your bills been turned over to a collection agency? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please give details, including date, firms involved and circumstances. \_\_\_\_\_  
 \_\_\_\_\_

Have you ever had items you purchased repossessed? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please give details, including date, firms involved and circumstances. \_\_\_\_\_

Have your wages ever been garnished? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please give details, including date, location and circumstances. \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been delinquent on income or other tax payments? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give details, including date, type of taxes and circumstances.

Has credit ever been denied to you or canceled on you? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please give details.

**LEGAL:**

If you have ever been arrested or convicted for any crime (excluding traffic citations), please give the following information.

Approximate Date	Law Enforcement Agency	Circumstances

List all crimes (detected and undetected) that you have been involved in:

Have you ever taken any property/money from an employer or place of business? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of a crime other than misdemeanor traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been placed on court probation as an adult? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been reported to a law enforcement agency as a missing person or a runaway? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you now, or have you ever been, involved as a plaintiff or defendant in any civil court action? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes to any of the above five questions, please explain each incident in detail including the final outcome (list juvenile as well as adult occurrences. If more room is needed please attach additional pages.

**MOTOR VEHICLE OPERATION:**

Operation of a motor vehicle is an integral part of the position of Patrol Officer. An investigation of your driving history will be made through a records check. To expedite this procedure, please supply the following information.

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name under which driver's license was granted \_\_\_\_\_

Do you have a valid driver's license in more than one state? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list states. \_\_\_\_\_

Please list other states where you have been licensed to operate a motor vehicle and the name under which the license was granted.

State \_\_\_\_\_ Name \_\_\_\_\_

State \_\_\_\_\_ Name \_\_\_\_\_

Have you ever been refused a driver's license by any state? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please give details, including time, state and circumstances. \_\_\_\_\_

Have you, within the last three years, operated a motor vehicle without having the proper insurance? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Wyoming law requires operators and owners of motor vehicles to be covered by automobile liability insurance. Therefore, please list the current liability insurance you have with your motor vehicle(s).

Company	Address	Policy Number

Please provide the name, address and telephone number of your local insuring agent \_\_\_\_\_

List all vehicles owned by you and your spouse:

Year	Make	Model	License Plate #	State of Issue	Month/Year

List all traffic citations and/or summons you have received since you began driving.

Nature of Violation	Issuing Agency	Approximate Date	Disposition (Fined, Not Guilty, Guilty)

Have you ever had your license placed on probation for receiving an excessive number of traffic violations? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been involved in an accident and then left the scene without identifying yourself? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been involved in an accident that you were required by law to report and didn't? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have been involved in an accident that you were required by law to report and didn't, please provide the circumstances.  
 \_\_\_\_\_

Did you submit it to your insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

How many motor vehicle accidents have you been involved in as a driver? \_\_\_\_\_

Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage or ingested any controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever operated a motor vehicle while under the influence of an intoxicating beverage or controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had a hearing for probation/suspension? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had your driver's license suspended? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the table below.

Date of Suspension	Type of Suspension	Date Reinstated

Have you ever been placed as an assigned risk for vehicle insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever had your insurance revoked due to the number of traffic citations you received? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever knowingly driven a motor vehicle after your driver's license was suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your license ever been suspended, revoked, or placed on negligent operator's probation? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have been involved as a driver in a motor vehicle accident within the last 7 years, provide the following information.

Date	Location	Police Agency	Was a Police Investigation Conducted?	Was it an Injury or Non-Injury Accident?

If there is anything you would like to mention about your driving record, please use this space. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**GENERAL INFORMATION:**

Have you ever made an application for employment with this or any other law enforcement or law enforcement related agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Agency	Date of Application	Status of Application: Pending, Rejected, Not Pursued, Etc.

Have you ever been de-certified as a Peace Officer or Detention Officer: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Have you ever applied for a permit to carry a concealed weapon? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following information:

Date	Law Enforcement Agency	Purpose

**PERSONAL DECLARATIONS**

Drug use covers all description terms used to describe the ingestion of any of the listed types into a person’s system. Example: experimental, tried, etc. Have you illegally sold, furnished, given away, bought, possessed, injected or used the following:

Drug	Yes	No	Activity*	Approx. Last Date	Form Used
Marijuana					
Hashish					
“Speed”					
Cocaine					
LSD					
STP					
PCP					
Peyote					
Mushrooms					
Quaaludes					
Tranquilizer					
Barbiturates					
Heroin					
Crank					
Any Designer Drug					

\* Please indicate in this column whether you sold, furnished, bought, possessed, and/or used the substance indicated

Within the last three years, have you inhaled (paint, glue, etc.)? Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_  
 Describe your involvement, including the substance \_\_\_\_\_

Do others use illegal drugs in your presence? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how often? \_\_\_\_\_  
 When was the last time? \_\_\_\_\_

During the last year, have you used cough medicine or any other over-the-counter drug to get high? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please explain. \_\_\_\_\_

How have you prepared yourself to be an employee of the Town of Greybull?

---

---

---

Why is becoming an employee with the Greybull Police Department important to you?

---

---

---

If it should become necessary in the performance of your duties, could you use deadly force in defense of your life or the life of someone else? Yes \_\_\_\_\_ No \_\_\_\_\_

Please explain your position, regardless of your positive or negative answer. \_\_\_\_\_

---

---

---

Are there any incidents or circumstances in your life not included herein which may reflect upon your suitability to perform the duties which you may be called upon to perform? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain.

---

---

---

\*\*\*\*\*

I hereby certify that all statements made in this Personal History Statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.

\_\_\_\_\_  
Applicant's Signature in Full

\_\_\_\_\_  
Date

**You must attach a one-page synopsis outlining my reasons for wanting to be a Greybull Police Officer as well as all other required documents and attachments.**

