

# Application for Employment

**Fremont County Sheriff's Office**  
**460 Railroad**  
**Lander, Wyoming 82520**  
**(307) 332-5611**



**Application Date:** \_\_\_\_\_  
 (Will be kept on file one year from this date)

APPLICANT INFORMATION							
Last Name:		First:		Middle:			
Street Address:		Town:		State:		Zip:	
Home Phone:		Cell Phone:		Other Phone:			
Are you 18 years of age or older?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a valid driver's license?	<input type="checkbox"/> YES <input type="checkbox"/> NO				
Driver's license number:		Driver's license state of issue:					
If hired, can you provide written evidence you are authorized to work in the United States?							<input type="checkbox"/> YES <input type="checkbox"/> NO
What position(s) are you applying for?	<input type="checkbox"/> Patrol	<input type="checkbox"/> Detention	<input type="checkbox"/> Dispatch	<input type="checkbox"/> Other			

Is there any other information we would need about your name, or use of another name for us to be able to check your work record? If YES, please specify:

---

EDUCATION							
High School:		Address:					
From:		To:		Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:	
College:		Address:					
From:		To:		Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:	
Other:		Address:					
From:		To:		Did you graduate?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Degree:	

**EMPLOYMENT**

(START WITH MOST RECENT)

Employer:		Address:	
From:	To:	Phone Number:	Type of Work:
Reason for leaving:		May we contact:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Employer:		Address:	
From:	To:	Phone Number:	Type of Work:
Reason for leaving:		May we contact:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Employer:		Address:	
From:	To:	Phone Number:	Type of Work:
Reason for leaving:		May we contact:	<input type="checkbox"/> YES <input type="checkbox"/> NO

List any additional information that relates to your ability to perform the job for which you have applied for, such as license, professional memberships, hobbies, etc.:

**REFERENCES**

(DO NOT INCLUDE FAMILY MEMBERS)

Name:	Address:
Phone:	Years Known:
Name:	Address:
Phone:	Years Known:
Name:	Address:
Phone:	Years Known:
Name:	Address:
Phone:	Years Known:

**APPLICANT'S STATEMENT**

I understand that the Fremont County Sheriff's Office follows an "employment at will" policy, in that the employer or I may terminate my employment at any time or for any reason consistent with applicable state or federal law. I understand this application is not a contract of employment.

I understand that the Fremont County Sheriff's Office will thoroughly investigate my work and personal history and verify all data give on this application, on related papers and interviews. I authorize all individuals, schools and firms name therein, except my current employer if so noted to provide any information requested about me and I release them from all liability for damage in providing this information. This information will be kept in strict confidence and will be available only to agency personnel who are involved in the hiring decision.

I certify that all statements herein are true and I understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

The Fremont County Sheriff's Office employs people on the basis of their qualifications and with assurance of equal opportunity and treatment of race, creed, religion, color, sex, age, national origin, ancestry or disability.

# Letter of Understanding

I am applying for a position with the Fremont County Sheriff's Office. I understand there are certain requirements I must meet before I can be accepted into this position. A Hiring Review Board will evaluate my potential suitability for employment. I may, at this point receive an oral interview and if successful, I may receive a conditional offer of employment which will be followed by some or the entire following test depending on the position(s) I have sought.

- Review of my completed Personal History Statement
- Through criminal background check
- Through examination of my prior employment
- Drug Screening Test
- Standard Medical Examination
- Hearing Test
- Psychological Evaluation
- Physical Abilities Test

The aforementioned test(s) will be administered in a manner selected by the Fremont County Sheriff's Office. I understand the results of the tests are the property of the agency to which I have applied and that I will not receive copies of the reports nor any information contained in them except as it may relate to a serious condition discovered by the examining physician.

A second Hiring Review Board will evaluate all tests in light of the requirement of the job, along with previous information and will make a final decision as to my suitability for employment.

I agree to assist in the expedient conclusion of these reviews and examinations. I understand that successful completion of this process does not guarantee employment with the Fremont County Sheriff's Office; only that I will be considered for positions as they become available. I have read and understand the content and purpose of this Letter of Understanding. I agree to abide by these requirements as a condition of employment with the Fremont County Sheriff's Office.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date