



SUBLETTE COUNTY SHERIFF'S OFFICE

Sheriff K.C. Lehr
P.O. Box 701
35 ½ S. Tyler Ave.
Pinedale, WY 82941



APPLICATION FOR EMPLOYMENT SUBLETTE COUNTY SHERIFF'S OFFICE

CHECK AREA(S) APPLYING FOR:

- | | |
|---|--|
| <input type="checkbox"/> Patrol Deputy | <input type="checkbox"/> Communications Officer |
| <input type="checkbox"/> Detention Deputy | <input type="checkbox"/> Secretary/Records Clerk |
| <input type="checkbox"/> Other _____ | |

Instructions to the Applicant:

The information that you provide in this Personal History Statement will be used to assist in determining your suitability for employment with the Sublette County Sheriff's Office. An extensive background investigation will be conducted into your personal history prior to any hiring. Your background will be submitted to a Hiring Review Board. If the Board makes a favorable recommendation, you will be given a conditional offer of employment. This initial offer is conditional upon your successful completion of a medical examination, a psychological examination, a drug screening test, and other tests required by this agency. Based on the results of this final testing and further review by the Hiring Review Board, you may then be offered a position.



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SUBLETTE COUNTY SHERIFF'S OFFICE MISSION STATEMENT

Our mission is to maintain peace and order by providing the highest quality of Law Enforcement services that are responsive to the needs of the citizens of Sublette County.

We will accomplish this by building and maintaining a positive and productive working relationship with community groups, organizations, and most importantly, individual members. We will apprehend criminals and work to reduce or eliminate community problems by providing law enforcement services that are fair, unbiased, judicious, and respectful of the dignity of all individuals. We will be committed to upholding and defending the Constitution of the United States and the Constitution of the State of Wyoming.

CORE VALUES

Integrity without compromise
Service above self
Professionalism in the performance of duty
Vigilance in safeguarding our community.

Pinedale Office: (307) 367-4378 ~ Pinedale Fax: (307) 367-4360
Marbleton Office: (307) 276-5448 ~ Marbleton Fax (307) 276-5446

EMPLOYMENT BY SUBLETTE COUNTY SHERIFF'S OFFICE

All employees are "at will employees" except for application of the provisions of W.S. §18-3-611, which applies to those employees qualifying thereunder. Any employee can be terminated from employment at any time, with or without cause, and with or without notice subject to W.S. § 18-3-611 which applies to those employees qualifying thereunder.

Keep in mind that:

1. The completion of this questionnaire is mandatory, as authorized by (W.S. §9-1-704 & 9-1-710) P.O.S.T. rules. (Chapters 2 & 6)
2. **All addresses, references, former employers, and previous residences must be complete with physical and mailing addresses or the application will be rejected.**
3. All statements are subject to verification.
4. Deliberate inaccuracies or incomplete statements will bar or remove you from any consideration for Employment with Sublette County Sheriff's Office.
5. All time periods in your background, unless otherwise specified, must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances surrounding its occurrence, and consideration will be given to the degree of relevance it has to employment with a law enforcement agency. For example, having been fired from a job or having an arrest record may not, in and of itself, disqualify you from consideration for employment. During the investigation, the investigator will inquire into the facts surrounding each occurrence and an evaluation will be made about the relevance of these facts to the requirements of the position for which you have applied.

Please print your responses to this application in ink. Do not type on this form, do not have another person make entries for you. If a question does not apply to you, write "N/A" in the space provided for your answer. If you need additional space to answer a question, use a blank sheet of paper and attach it to this questionnaire. Remember to identify the additional information by the question number.

Please read the five (5) waivers at the end of this packet carefully and have your signature notarized before returning them to our office.

The contents of this questionnaire will be considered confidential and will be used only for investigating employment suitability with the Sublette County Sheriff's Office or another law enforcement agency in possession of a notarized permission waiver signed by you.

There is one exception to the confidentiality of your background investigation. Should it be discovered that you are currently involved in criminal activity, or have committed an undiscovered felony, the law enforcement agency having jurisdiction WILL BE NOTIFIED.

When complete, return this questionnaire along with the attachments, to the Sublette County Sheriff's Office either by mailing it to the address at the top of this letter, or in person at the main desk at:

PO BOX 701
35 ½ S Tyler Ave.
Pinedale, WY 82941

Any questions you may have regarding the completion of this packet may be addressed by contacting the Investigations Unit at: 307-367-4378

I have read and completely understand the above statement.

Signature of Applicant

Date

PERSONAL HISTORY STATEMENT

REQUIRED DOCUMENTS

Attach copies, unless the original is requested of the following documents, to this questionnaire. Failure to submit these documents in a timely manner will delay your consideration for employment. Some of these documents may not be applicable to you. Please indicate those that are attached with a check mark in the space provided.

- _____ 1. Signed and notarized release waivers.
- _____ 2. High school diploma or GED certificate. (**originals MUST be received by us in an officially sealed envelope from the school**).
- _____ 3. Transcripts from colleges or universities. (**originals MUST be received by us in an officially sealed envelope from the school**).
- _____ 4. Military discharge papers. (**MUST** include discharge status-long form).
- _____ 5. Citizenship or naturalization papers.
- _____ 6. Certified copy of your birth certificate. (**originals MUST be received by us in an officially sealed envelope from the issuing state**).
- _____ 7. All marriage licenses and divorce decrees.
- _____ 8. Name change documents.
- _____ 9. Peace Officer Standards and Training certificate of graduation from a police academy.
- _____ 10. Tax documents may be requested, prior to hiring, if applicable.

**** All original documents must be sent to the following address:**

Sublette County Sheriff's Office
Attn: Background
PO Box 701
Pinedale, WY 82941

OPTIONAL DOCUMENTS

- 1. Copies of other certificates, awards or commendations you would like considered:

- 2. A full face photograph of yourself. Must have been taken within the last 3 months. This is not required, but may be of assistance during the background check.

PERSONAL HISTORY STATEMENT

RELATIVE, REFERENCES, ACQUAINTANCES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position for which you have applied. Inquiries will be confined to job-relevant matters.

7. Please supply the appropriate information in the spaces below. If a category is not applicable, write "N/A".

Name _____ **Physical Address** _____ **Phone Number(s)** _____

Father _____

Mother _____

Father-in-law _____

Mother-in-law _____

Spouse _____

Former Spouse _____

Brothers and Sisters _____

Stepfather _____

Step Mother _____

Step brothers and sisters _____

List all of your children: indicate "son or daughter" whether "natural or adopted or step children"
Include phone numbers and current contact addresses:

RELATIVES, REFERENCES, ACQUAINTANCES (CONT)

8. List all personal or professional references 3-5 individuals who have knowledge of you and your qualifications.

NAME/RELATIONSHIP	ADDRESS	TELEPHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

9. List individuals with whom you have resided within the past 10 years. List no information prior to your 15th birthday. **EXCLUDE FAMILY MEMBERS.**

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESIDENCE

10. List all of your residences during the last 10 years. Begin with your most current residence and proceed backward. If a residence was rented, give the landlord's name, address and telephone number. List no information prior to your 15th birthday.

ADDRESS OF RESIDENCE	DATES	REASON FOR LEAVING	LANDLORD INFORMATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

11. The Commission on Peace Officer Standards and Training requires a peace officer to possess a high school diploma or its equivalent. Please indicate your current status with regard to this requirement by checking the appropriate spaces.

- I possess a high school diploma.
- I passed the G.E.D (General Educational Development) test.
- I possess the following college degrees:

12. List all the schools you have attended, beginning with high school. During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts.

NAME OF SCHOOL	LOC/CITY/STATE	DATES ATTENDED	TEACHER /REFERENCE

13. Have you ever been suspended or expelled from any high school or post-secondary school? (college, universities, graduate schools, business and vocational schools, any formal training beyond high school)? YES _____ NO _____

If yes explain, include school, dates, circumstance.

EXPERIENCE AND EMPLOYMENT

14. Beginning with your most current employment, list all jobs you have in the past 10 years. For the purposes of the Personal History Statement, part-time, temporary, and voluntary work should be included. Please list all periods of unemployment in chronological sequence in the spaces provided for you between employment listings.

Should you need to list additional experience/employment information, please copy page 12.

NAME & ADDRESS OF EMPLOYER:

Telephone _____

Dates of employment: From: _____ To: _____

Full time _____ Part time _____ Voluntary _____ Military _____

Title or duties _____

Name you were known by _____

Name of supervisor: _____

Names of co-workers

(1) _____

(2) _____

(3) _____

Reason for leaving _____

UNEMPLOYED

FROM _____ TO _____

NAME & ADDRESS OF EMPLOYER:

Telephone _____

Dates of employment: From: _____ To: _____

Full time _____ Part time _____ Voluntary _____ Military _____

Title or duties _____

Name you were known by _____

Name of supervisor: _____

Names of co-workers

(1) _____

(2) _____

(3) _____

Reason for leaving _____

UNEMPLOYED

FROM _____ TO _____

NAME & ADDRESS OF EMPLOYER:

Telephone _____

Dates of employment: From: _____ To: _____

Full time _____ Part time _____ Voluntary _____ Military _____

Title or duties _____

Name you were known by _____

Name of supervisor: _____

Names of co-workers

(1) _____

(2) _____

(3) _____

Reason for leaving _____

UNEMPLOYED

FROM _____ **TO** _____

NAME & ADDRESS OF EMPLOYER:

Telephone _____

Dates of employment: From: _____ To: _____

Full time _____ Part time _____ Voluntary _____ Military _____

Title or duties _____

Name you were known by _____

Name of supervisor: _____

Names of co-workers

(1) _____

(2) _____

(3) _____

Reason for leaving _____

UNEMPLOYED

FROM _____ **TO** _____

NAME & ADDRESS OF EMPLOYER:

Telephone _____

Dates of employment: From: _____ To: _____

Full time _____ Part time _____ Voluntary _____ Military _____

Title or duties _____

Name you were known by _____

Name of supervisor: _____

Names of co-workers

(1) _____

(2) _____

(3) _____

Reason for leaving _____

UNEMPLOYED

FROM _____ **TO** _____

NAME & ADDRESS OF EMPLOYER:

Telephone _____

Dates of employment: From: _____ To: _____

Full time _____ Part time _____ Voluntary _____ Military _____

Title or duties _____

Name you were known by _____

Name of supervisor: _____

Names of co-workers

(1) _____

(2) _____

(3) _____

Reason for leaving _____

UNEMPLOYED

FROM _____ **TO** _____

15. Would any problem result if your present employer was contacted during the course of the background investigation? **YES** _____ **NO** _____.

If "YES", when should such contact be made? _____

16. If you have had no prior employment, please explain here.

17. Have you ever been fired or asked to resign from any place of employment? **YES** _____ **NO** _____

If "YES", give details to include when, name of employer and why.

18. Have you ever applied, successfully or unsuccessfully, for another position with any law enforcement agency? **YES** _____ **NO** _____. If "YES", please provide the year, agency and check off the process which completed and whether you were disqualified or hired.

Year	Agency	Written	Physical	Oral	Background	Polygraph	Psych	Hired	Disqualified

MILITARY SERVICE

19. Have you ever served in the Armed Forces, National Guard or Military Reserves?

YES _____ NO _____

If "YES", please supply the following information:

Branch of Service _____

Dates of service From _____ To _____

Type of Discharge _____

20. Have you registered with the Selective Service? YES _____ NO _____ If "YES", when? _____

21. 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 to include branch of service, when, where, circumstances.

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

Name	Address	Telephone	Military Unit	Dates

FINANCIAL

23. The management of personal finances is relevant to an individual's qualifications for a position with law enforcement agency. Therefore, please fill in the financial statement that follows. The amount of indebtedness, in itself, will not be used in evaluating your qualifications. The behavior exhibited in meeting your financial obligations will be reviewed. A credit reporting agency will be contacted for a report of your credit history.

CURRENT MONTHLY INCOME		CURRENT MONTHLY EXPENDITURES	
MONTHLY SALARY		MORTGAGE PAYMENTS	
SPOUSES SALARY		RENT	
OTHER MONTHLY INCOME		OTHER PAYMENTS	
		Estimate monthly cost of living, food, gas, utilities home and car maintenance and other obligations	
TOTAL MONTHLY INCOME		TOTAL MONTHLY EXPENDITURES	

CURRENT ASSETS		CURRENT LIABILITIES	
Savings		Mortgages	
Checking balance		Automobile loans	
Real Estate(appraised or market value)		Charge Accounts (total)	
Stocks and Bonds		Other liabilities	
Life Insurance (cash value)			
Automobiles			
Other assets (describe)			
Total Assets		Total Liabilities	

FINANCIAL (CONT)

24. Please supply the following information regarding financial institutions with which you have accounts or loans.

Institution (Bank, S&L, Loan Company)	Account number	Type of account (checking, savings, loan)

25. Please supply the following information about your charge accounts, contracts or other financial liabilities:

Name of Firm	Address	Account Number

26. Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan? YES ____ NO ____ . If "YES", please give details to include when, where and why.

27. Within the past seven (7) years, have any of your bills ever been turned over to a collection agency? YES ____ NO ____ . If "YES", please give details to include when, firms involved and circumstances.

28. Within the last seven (7) years, have you ever had purchased goods repossessed? YES ____ NO ____ . If "YES", please give details to include when, firms involved, and circumstances.

29. Within the last seven (7) years have your wages ever been garnished? YES ____ NO ____ . If "YES", please give details to include when, where and why.

FINANCIAL (CONT)

30. Have you ever been delinquent on child support, income tax, or other tax payments? YES _____
NO _____. If "YES", please give details to include when, where and why.

LEGAL

31. If you have been arrested, taken into physical custody, been issued a misdemeanor citation (exclude traffic citations) or convicted of any crime, please give the following information. (The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you answer this question.)

DATE	AGENCY	CHARGE	DISPOSITION

32. As an adult, have you ever been placed on probation by any court? YES _____ NO _____. If "YES", please give details to include when, where, and why.

33. Please list any other crimes, you have committed, REGARDLESS of whether stopped, arrested and/or convicted, to include what, when, where, how and why.

34. Are you now or have you ever been involved as a defendant in any civil court action? YES _____
NO _____. If "YES", please give details to include when, where, name of court and circumstances.

36. Please list other states where you have been licensed to operate a motor vehicle.

STATE	NAME AS PRINTED ON LICENSE

37. Have you ever been refused a driver's license by any state? YES ___ NO ___. If "YES", please explain when, where and why.

38. Has your driver's license ever been suspended or revoked or placed on negligent operators, probation or restriction? YES _____ NO _____. If "YES", please give details to include when, where, and under what circumstances.

39. Please list all traffic citations you have received as an adult (after reaching the age of 18). **EXCLUDE PARKING CITATIONS.**

Nature of Violation	Location (city, state)	Approximate Date	Disposition

MOTOR VEHICLE OPERATION (CONT)

40. Please list all motor vehicle accidents in which you have been involved as a driver with the past seven (7) years.

Date	Location (city, state)	Investigating agency	Injury or Non injury?

41. If there is anything you wish to discuss about your driving record which has not already been covered in the preceding sections, please explain here.

42. Please list all vehicles registered to you and/or your spouse.

Year	Make	Model	License number	Vehicle ID number (VIN)

43. Wyoming Law requires that operators and owners of motor vehicles be covered by automobile liability insurance or possess a Certificate of Self-Insurance with the Department of Transportation. Therefore, please list the current liability insurance coverage that you have on your motor vehicles.

Company	Address	Policy Number	Expiration Date

44. Have you ever been refused auto insurance for any reason other than failure to pay a premium? YES _____ NO _____. If "YES", please explain, including the company name.

GENERAL INFORMATION

45. Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, or group of persons that is, or was, totalitarian, fascist, communist, or subversive in nature, or which has adopted or expressed a policy of advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States by unconstitutional means? **YES** _____ **NO** _____.

If "YES", identify the organization and explain fully.

46. Have you ever applied for a permit to carry a concealed firearm or other weapon?

YES _____ **NO** _____.

State and Name of Law Enforcement Agency _____

Purpose for permit _____

47. Are you willing to work all hours of the day, all days of the week, holidays and overtime when assigned? **YES** _____ **NO** _____

48. If the necessity arose in the course of your employment to use deadly force on a human being, would you have any reluctance to do so? **YES** _____ **NO** _____

49. Do you have anything in your background that may disqualify you from the position for which you are applying? **YES** _____ **NO** _____. If "YES", please explain.

DRUG USE QUESTIONNAIRE

50. Have you used, tried, experimented, or in any way introduced into your body by any means? For purposes of questions 50, 51, and 52, Marijuana is considered an illegal drug.

Drug	YES	NO	DATE FIRST USED	DATE LAST USED	USED ONCE	
MARIJUANA						
HASHISH, HASHISH OIL						
COCAINE						
CRACK, ROCK, ICE						
BARBITUATES, HYPNOTICS OR DOWNERS						
AMPHETAMINES						
METHAMPHETAMINES						
LSD OR OTHER HALLUCINOGENS						
PCP						
HEROINE OR OTHER OPIATES						
STEROIDS						
PRESCRIPTION DRUGS NOT PRESCRIBED FOR YOU						

QUESTIONNAIRE	YES	NO
Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body?		
Have you introduced into your body a substance which you thought was an illegal drug and then found out that it was not?		
Have you ever injected an illegal drug into your body?		
Have you ever sold an illegal drug?		
Have you ever purchased any drug, narcotic or controlled substance other than by a doctor's prescription?		
Have you ever participated in the manufacturing, cultivation, or production of any illegal drug, narcotic or controlled substance?		
Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance?		
Have you ever acted as a middle man, go-between, or done a favor for a friend by becoming involved in any illegal drug transaction?		
Have you ever told anyone where to purchase illegal drugs?		
Have you ever temporarily stored or held any illegal drug, narcotic, or controlled substance?		
Have you ever had illegal drugs in your possession while at work?		
Have you ever bought or sold any illegal drug at work?		
Are any illegal drugs presently in your home or car?		

ADDITIONAL INFORMATION

53. List organization, clubs, professional societies, or other associations of which you are, or have been a member (please include the name of the group, the city and state, and your present status or position in the group).

54. What are your personal hobbies? (What do you like to do during the times that you are not at work?) Please include any special skills or qualifications that might be useful in the position for which you've applied.

55. List the magazines and newspapers to which you currently subscribe:

56. List any identifying marks, scars, tattoos, burns, or birthmarks:

LETTER OF UNDERSTANDING

I am applying for a position with the Sublette County Sheriff's Office. I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that I must submit to an extensive background investigation, which will consist of the following areas of concern, at a minimum:

- Review of my completed Personal History Statement
- Thorough criminal background check
- Thorough examination of prior employment
- Examination of my personal credit and financial report

A hiring review board will evaluate the results of this investigation and make a preliminary decision as to my potential suitability for employment. I may, at this point, receive a conditional offer of employment, which will be followed by completion of some or all of the following tests, depending upon the position being sought:

- Drug screening test
- Standard medical examination
- Psychological evaluation

The aforementioned tests will be administered in a manner selected by the Sublette County Sheriff's Office. I understand the results of these 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 requirements of the job, along with the 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 Sublette County Sheriff's Office, only that I will be considered for positions as they become available, pursuant to established rules and regulations of the Sublette County Sheriff's Office. 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 Sublette County Sheriff's Office.

Signature of the Applicant _____

Subscribed and Sworn before me on this _____ day of _____, 20 _____

Notary Public in and for said County of _____ State of _____

Notary Public

CERTIFICATION AND PENALTY

I hereby declare that all statements and information provided to the Sublette County Sheriff's Office in this Personal History Statement, as well as any other statements and information provided for my pre-employment background investigation or any other phase of my pre-employment screening, are true and complete to the best of my knowledge and belief. I understand that any mis-statement of material fact, willful omission of material fact, or willful deception will be cause for disqualification and rejection as a candidate for employment without appeal. I further understand that these aforementioned mis-statements omissions or deception are also grounds for termination after employment without notice and without any right of appeal.

Dated this _____ day of _____ 20__

Signature of the Applicant _____

Subscribed and Sworn before me on this _____ day of _____, 20__

Notary Public in and for said County of _____ State of _____

Notary Public

Please mark the appropriate response. Failure to mark one of the three will result in the denial of your application:

- I am not subject to court order for the support of a child.
- I am subject to a court order for the support of one or more children and I am in compliance with the order, or I am in compliance with a plan approved by the District Attorney (or other public agency) enforcing the order for the repayment of the amount owed, pursuant to the order.
- I am subject to a court order for the support of one or more children and I AM NOT in compliance with the order of a plan approved by the District Attorney or other public agency, enforcing the order for the repayment of the amount owed, pursuant to the order.

Applicant's social security number: _____

Dated this _____ day of _____, 20____

Signature of the Applicant _____

Subscribed and Sworn before me on this _____ day of _____, 20____

Notary Public in and for said County of _____ State of _____

Notary Public



SUBLETTE COUNTY SHERIFF'S OFFICE

Sheriff K.C. Lehr

P.O. Box 701
35 ½ S. Tyler Ave.
Pinedale, WY 82941



WAIVER OF LIABILITY: INDEMNIFICATION AGREEMENT AND COVENANT NOT TO SUE NOTICE.

This is a legally binding agreement. By signing this agreement, you give up your right to bring court action to recover compensation or obtain any other remedy for injuries to yourself or your property or for your death arising out of your participation in the Sublette County Sheriff's Office physical testing process. This agreement applies now or anytime in the future.

Acknowledgement of risk: I, the undersigned user, hereby acknowledge and agree that running, swimming, biking, or any other activity associated with the Sublette County Sheriff's Office physical testing poses inherent risks. I have full knowledge of the nature and extent of all of the risks associated with my participation in the Sublette County Sheriff's Office physical testing.

The undersigned user shall release, indemnify, defend, and forever hold harmless the County, its officers, agents, employees, successors, and assignees from any and all claims, lawsuits, losses, damages, and liabilities arising out of any activity performed under this Agreement. This Agreement shall inure to and is binding upon user's heirs, executors, representatives and assigns.

Signature of Participant

Date



SUBLETTE COUNTY SHERIFF'S OFFICE

Sheriff K.C. Lehr

P.O. Box 701
35 1/2 S. Tyler Ave.
Pinedale, WY 82941



AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant (print) _____

Date of Birth _____

SSN# _____

As an applicant for a position with the Sublette County Sheriff's Office, I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for law enforcement employment.

Toward this end, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies and all others to furnish to the Sublette County Sheriff's Office any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of the Applicant _____

Subscribed and Sworn before me on this _____ day of _____, 20____

Notary Public in and for said County of _____ State of _____

Notary Public



SUBLETTE COUNTY SHERIFF'S OFFICE

Sheriff K.C. Lehr

P.O. Box 701
35 1/2 S. Tyler Ave.
Pinedale, WY 82941



PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER

As an applicant to the Sublette County Sheriff's Office for the position of _____, I recognize that an employing law enforcement agency has a legal, as well as a moral obligation to take very reasonable effort to ensure that persons employed by them as peace officers, or in other positions, conform to the very highest standards.

Therefore, I release and hold harmless the Sublette County Sheriff's Office and their officers, agents, or assigns, now and in the future, from any claim for damages in law or inequity on behalf of myself, my heirs and assigns, for their refusal to make available any and all information contained in this pre-employment investigation. Including but not limited to the identity (ies) of any person(s) and or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.

Dated this _____ day of _____, 20__

Signature of the Applicant _____

Subscribed and Sworn before me on this _____ day of _____, 20__

Notary Public in and for said County of _____ State of _____

Notary Public



APPLICATION

Full Name _____

Address _____

City/State/Zip _____

Home Phone _____

Social Security Number _____

Drivers License Number _____

State Driver's License Issued _____

Date of Birth _____

Position Being Considered For _____

PLEASE READ CAREFULLY

I hereby authorize you to make any investigation of my personal history, employment history, financial records, criminal history, driving records and credit records through any investigative, credit agencies or bureaus of your choice. I acknowledge that I have been given and read a stand alone, Consumer Disclosure that a consumer report or investigative consumer report may be requested and used for purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

(Applicant Signature)

Client Name: _____

Send Results via Email or Fax: _____

Para información en español, visite www.consumerfinance.gov/learnmore o escriba al Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G. Street N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20549
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

8. Federal Land Banks, Federal Lank Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090

DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE REPORT

The Employer ("Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, supervisors, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Further, you understand that information may be requested from various Federal, State, County and other agencies that maintain records concerning your past activities relating to your driving, criminal, civil, education, credit, and other experiences. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable period of time after receipt of this notice, to request whether a consumer report has been conducted about you, disclosure of the nature and scope of any investigative consumer report, and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your employment and/or education history. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law, unless you otherwise revoke your consent by providing written notification to Company. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

The consumer and/or investigative consumer report(s) will be obtained from:

AAA CREDIT SCREENING SERVICES
17041 EL CAMINO REAL SUITE 102
HOUSTON, TX 77058
281-282-0447 (PHONE) 281-286-7128 (FAX)
WWW.AAACREDIT.NET

California, Minnesota, and Oklahoma applicants or employees only:

Please check the appropriate box below if you would like to receive a copy of your investigative consumer report or consumer credit report at no charge.

New York and Maine applicants or employees only:

You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only:

Upon request, you will be informed whether or not a consumer report was requested by Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

Oregon applicants or employees only:

Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

