

APPLICATION FOR EMPLOYMENT

Revised
12/2001

Please DO NOT TYPE. Use ink or pencil.

RAWLINS FIRE DEPARTMENT

P.O. Box 953
Rawlins, WY 82301
307-328-4500
FAX 307-328-4555

PERSONAL HISTORY STATEMENT

The following information is requested of you for verification and contact purposes:

<p>1. Your Name (Please Print or Type)</p> <p>Last:_____ First:_____ Middle:_____</p> <p>Other Names (including nicknames) you have used or been known by:_____</p>										
<p>2. Please list the address at which you can be contacted.</p> <table><thead><tr><th>Number</th><th>Street</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td colspan="5">_____</td></tr></tbody></table>	Number	Street	City	State	Zip	_____				
Number	Street	City	State	Zip						

<p>3. Please list the local telephone number(s) at which you can be contacted, and the hours you can be contacted:</p> <p>() () ()</p>										
<p>4. Birth date:</p> <p>Month_____ Day_____ Year_____</p>										
<p>5. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation?</p> <p>Yes _____ No _____</p>										
<p>6. Social Security Number_____. In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.</p>										

7. RELATIVES, REFERENCES ACQUAINTANCES: During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of Fire Apparatus Operator. Inquiries will be confined to job-relevant matters.

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

If living, name of your	Address where person can be contacted. Include City, State and Zip Code.	Telephone Number
Father		
Mother		
Father-in-Law		
Mother-in-Law		
Spouse		
Former Spouse(s)		
Brother(s)/Sister(s)		
Step-Mother		
Step-Father		
Step-Brother(s)/Step-Sister(s)		
Other relatives with whom you have a close personal relationship (including children).		

RELATIVES, REFERENCES, ACQUAINTANCES (Continued)

8. Below, please list those individuals with whom you have resided during the last 10 years (list no information prior to your 15th birthday). Exclude family members.

Name	Address where person can be contacted. Include City, State and Zip Code.	Telephone Number

9. In the space below, please list as references 3-5 individuals who have knowledge of you and your qualifications. Exclude relatives, former employers and friends.

Name	Address where person can be contacted. Include City, State and Zip Code.	Telephone Number

10. Please list 3-5 individuals who are social acquaintances (i.e., persons whom you have seen frequently during the past year) and have knowledge of your qualifications. Exclude relatives and former employees.

Name	Address where person can be contacted. Include City, State and Zip Code.	Telephone Number

EDUCATION

11. The City of Rawlins requires a Fire Apparatus Operator to possess a high school diploma or its equivalent. Please indicate your current situations with regard to this requirement.

_____ I possess a high school diploma.

_____ I passed the G.E.D. (General Educational Development) test.

_____ I possess other equivalent. Explain: _____

_____ I do not currently have a high school diploma or its equivalent, but I plan to satisfy this requirement in the future as follows:

When: _____

How: _____

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

Name of School	Location of School (City and State)	Dates Attended		(Teachers, Counselors)
		From	To	

13. Have you ever been suspended or expelled from any high school or post-secondary school? (Post-secondary schools include colleges and universities, graduate schools, business and vocational schools or any formal education beyond the high school level.) Yes ____ No ____

If "yes", please explain (include school, date, and circumstances.) _____

RESIDENCE

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

14. Please list all of your residences during the last 10 years (list no information prior to your 15th birthday). Begin with your most current residence.

Address of Residence	City, State, Zip	Dates		If rented, give name & address of the person collecting the rent.
		To	From	

EXPERIENCE AND EMPLOYMENT

15. Beginning with your most current employment, please list all jobs, (including part-time, temporary, and voluntary positions) you have held in the past 10 years. (For the purposes of this personal history statement, voluntary work should be included as employment.) For identification and verification, please indicate the nature of the activity, i.e., full-time, part-time, or voluntary. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.

	Month & Year	Month & Year
Dates of Employment:	From _____	To _____
_____ Full-Time	_____ Part-Time	_____ Voluntary
Name and Address of Employer _____		
Telephone Number _____		Name of Supervisor _____
Title or Duties (for identification purposes) _____		
Reason for leaving _____		
_____ Military Service	_____ Not Employed	_____
	Month & Year	Month & Year
	From _____	To _____

EXPERIENCE AND EMPLOYMENT (Continued)

Month & Year		Month & Year	
Dates of Employment: From	_____	To	_____
_____ Full-Time	_____ Part-Time	_____ Voluntary	
Name and Address of Employer _____			
Telephone Number _____		Name of Supervisor _____	
Title or Duties (for identification purposes) _____			

Reason for leaving _____			

		Month & Year	Month & Year
_____ Military Service	_____ Not Employed	From _____	To _____

Month & Year		Month & Year	
Dates of Employment: From	_____	To	_____
_____ Full-Time	_____ Part-Time	_____ Voluntary	
Name and Address of Employer _____			
Telephone Number _____		Name of Supervisor _____	
Title or Duties (for identification purposes) _____			

Reason for leaving _____			

		Month & Year	Month & Year
_____ Military Service	_____ Not Employed	From _____	To _____

EMPLOYMENT & EDUCATION (Continued)

Month & Year		Month & Year	
Dates of Employment: From	_____	To	_____
_____ Full-Time	_____ Part-Time	_____ Voluntary	
Name and Address of Employer _____			
Telephone Number _____		Name of Supervisor _____	
Title or Duties (for identification purposes) _____			

Reason for leaving _____			

		Month & Year	Month & Year
_____ Military Service	_____ Not Employed	From _____	To _____

Month & Year		Month & Year	
Dates of Employment: From	_____	To	_____
_____ Full-Time	_____ Part-Time	_____ Voluntary	
Name and Address of Employer _____			
Telephone Number _____		Name of Supervisor _____	
Title or Duties (for identification purposes) _____			

Reason for leaving _____			

		Month & Year	Month & Year
_____ Military Service	_____ Not Employed	From _____	To _____

EXPERIENCE AND EMPLOYMENT (Continued)

	Month & Year		Month & Year
Dates of Employment:	From _____	To _____	
	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Voluntary
Name and Address of Employer _____			
Telephone Number _____		Name of Supervisor _____	
Title or Duties (for identification purposes) _____			
Reason for leaving _____			
		Month & Year	Month & Year
<input type="checkbox"/> Military Service	<input type="checkbox"/> Not Employed	From _____	To _____

	Month & Year		Month & Year
Dates of Employment:	From _____	To _____	
	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Voluntary
Name and Address of Employer _____			
Telephone Number _____		Name of Supervisor _____	
Title or Duties (for identification purposes) _____			
Reason for leaving _____			
		Month & Year	Month & Year
<input type="checkbox"/> Military Service	<input type="checkbox"/> Not Employed	From _____	To _____

16. Have you ever been fired or asked to resign from any place of employment?
 Yes No If "yes", please give details (include when, where, circumstances).

17. Would any problem result if your present employer was contacted during the course of the background investigation? Yes No

If "no", when should contact be made? _____

EXPERIENCE AND EMPLOYMENT (Continued)

18. If you have had no prior employment, please explain in the space below.

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	Service Number	Dates of Service From: To:	Type of Discharge
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20. Please list current and past draft classification in chronological order:

21. Are you currently participating in any military reserve or National Guard program?

Yes No

22. 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 (include branch of service, when, where, circumstances).

23. Past commanding officers or 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	From	To

LEGAL

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

Approximate Date	Police Agency	Circumstances

MOTOR VEHICLE OPERATION

25. Driver's License Number	State	Expiration Date

Name under which license was granted:

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

State	Name under which license was granted.

27. Have you ever been refused a driver's license by any state? Yes No
If "yes", please explain (include when, where, and why).

28. Wyoming law requires that operators and owners of motor vehicles be covered by automobile liability insurance. Therefore, please list the current liability insurance you have with your motor vehicles.

Company	Address	Policy No.	Exp. Date

29. Please list all traffic citations (exclude parking citations) you have received within the last 7 years.

Nature of Violation	Location (City)	Approximate Date	Indicate whether fined or taken of driver's license

MOTOR VEHICLE (Continued)

30. Have you ever been involved as a driver in a motor vehicle accident within the last 7 years?
 _____ Yes _____ No If "yes", please give details of each accident.

Date: _____ Location: _____ Injury: _____ Non-Injury: _____

Police Investigation: _____ Yes _____ No Police Agency: _____

Date: _____ Location: _____ Injury: _____ Non-Injury: _____

Police Investigation: _____ Yes _____ No Police Agency: _____

Date: _____ Location: _____ Injury: _____ Non-Injury: _____

Police Investigation: _____ Yes _____ No Police Agency: _____

Date: _____ Location: _____ Injury: _____ Non-Injury: _____

Police Investigation: _____ Yes _____ No Police Agency: _____

Date: _____ Location: _____ Injury: _____ Non-Injury: _____

Police Investigation: _____ Yes _____ No Police Agency: _____

31. If there is anything you wish to discuss about your driving record, please use the space below.

32. Has your license ever been suspended, revoked, or placed on negligent operator's probation:
 _____ Yes _____ No If "yes", please give details (what, when, where, why).

MOTOR VEHICLE (Continued)

33. Have you ever been refused insurance for any reason other than failure to pay a premium?
_____ Yes _____ No If "yes", please explain (include company name and
address, date, and reason).

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

Signature (in full)

Date