

212 D Street
Rock Springs, WY 82901
307-352-1500
307-352-1516 (fax)



July 8, 2019

Dear Firefighter Applicant:

The Rock Springs Fire Civil Service Commission is pleased to provide you with an application packet for the Rock Springs Fire Department.

The commission has set September 24 and 25, 2019 for testing. All candidates must be available both days.

Candidates must be at least 18 years old by date of hire.

The written test will be held at the Rock Springs Civic Center gym, located at 410 N Street, on September 24th, 2019. We require all candidates to check in by 8:30 am and the test will start promptly at 9am. **This is a pass, fail test.** The written test is a timed test, with a two hour time limit. Your test will be scored immediately, and upon passing you will receive instructions if you proceed to the Physical Evaluation. The physical evaluation will be held at Fire Station No. 3, located at 145 Industrial Drive which is off North Elk Street. **Applicants will also be required to wear long pants, a long sleeved shirt or jacket, or long sleeved coveralls, closed toe shoes or boots, and full fingered gloves. If the applicant does not have these items, Rock Springs Fire Department will provide bunker coat, leather firefighting gloves, and fire boots.** If you pass the physical evaluation, you will then pass on to the interview.

The oral interviews will be held at Fire Station No. 3, located at 145 Industrial Drive which is off North Elk Street on September 25th, 2019. You must pass the written and physical to proceed to oral interview. An interview time will be determined once a candidate successfully completed the written and physical.

Two coaching and practice days will be offered to candidates on August 10th and September 14th at Fire Station #3. These coaching/practice/sessions are not mandatory but they are strongly encouraged for applicants to familiarize themselves with the process before the test date (more information attached).

Application are due by 5pm August 23rd, 2019.

If you have questions, please call Sandy McJunkin at (307) 352-1500, ext. #130 or email sandy.mcjunkin@rswy.net successfully completing all testing, evaluation, and screening, your name will be placed on an eligibility roster for future hiring of entry level firefighters.

Sincerely,

Sandy McJunkin,
Civil Service Liaison

Rock Springs Fire Department Physical Abilities Test Practice Opportunity

In order to ensure consistency during the Physical Ability Test (PAT) portion of testing to establish a hiring list with the City of Rock Springs Fire Department, the Fire Civil Service Commission has authorized two days of orientation and coaching for those eligible potential candidates who submit completed applications to the City of Rock Springs. Although the coaching sessions are voluntary, it is recommended that all applicants eligible for hire participate. The first day will consist of an overview of the PAT components, a description of which may be found in the application packet; the second day will allow a practice run-through of the actual test.

The first practice day will provide potential candidates an opportunity to observe the performance of the components of the PAT as separate events and to practice each one should they choose. The participants will also be provided with recommendations for physical conditioning to help train for the PAT. The second day of practice will be an opportunity to participate in a practice run of the entire PAT; at the end of the practice run, each participant will be provided with their time.

The PAT practice sessions are scheduled for August 10 and September 14, beginning at 09:00 at Fire Station #3 (145 Industrial Drive). Participants should wear workout clothing and will be required to sign a waiver before participating in the sessions. These two sessions will be the only practice/coaching sessions administered or allowed prior to the actual test date through the City of Rock Springs.



Rock Springs Fire Department

Entry Level Firefighter Automatic Disqualifications

Note: Automatic disqualification for employment includes, but is not limited to the following:

1. **Dishonorable:** Discharge from the Military.
2. **Felony Conviction:** An individual who has been convicted of and/or received deferred judgment for a felony will be disqualified.
3. **Soft Drug Use:** Individuals who have illegally used soft drugs at least one time within the thirty-six (36) months prior to the date of the application, and up to and including date of appointment will be disqualified.

Definition: Soft drug use would include but not be limited to the following: the use of Marijuana, any Schedule III, IV or V controlled substance, the use of which would be classified as a misdemeanor. ***Except when the drug or substance is used pursuant to being dispensed by or under the direction of a person licensed or authorized by law to prescribe, administer, or dispense such drug or substance for bona fide medical needs.***

4. **Hard Drug Use:** Individuals who have illegally used hard drugs at least one time within the sixty (60) months prior to the date of application, and up to and including date of appointment will be disqualified.

Definition: Hard drug use would include but not be limited to the following: the use of any Schedule I or II controlled substance, the use of which is classified as a felony. ***Except when the drug or substance is used pursuant to being dispensed by or under the direction of a person licensed or authorized by law to prescribe, administer, or dispense such drug or substance for bona fide medical needs.***

5. **Domestic Violence:** Applicants are not eligible for employment if they have been convicted of any domestic violence related offense. Other domestic incidents or reports will be looked at on a case by case basis.
6. **Sexual Assault:** Individuals who have been convicted of and/or received deferred judgment for a misdemeanor involving sexual assault or are a registered sex offender will be disqualified.
7. **Child Abuse:** Individuals who have been convicted of and/or received a deferred judgment for a misdemeanor involving child abuse will be disqualified.
8. **DUI:** Individuals who have one or more convictions and/or deferred judgments for a DUI offense within the thirty- six (36) months prior to the date of application, and up to and including date of appointment will be disqualified.
9. **Suspended Driver's license:** The loss of driving privileges due to moving violations with-in the thirty-six (36) months prior to the date of the application, up to and including the date of appointment, will be disqualified.





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BACKGROUND INTRUCTION SHEET

The Rock Springs Fire Department requires that **you personally** complete the Personal History Statement form. Please note that your ability to complete this form in a neat and accurate fashion is a part of the background investigation process. It is **your responsibility** to make sure that you have read and understood each question, and that you have answered truthfully and completely.

The Rock Springs Fire Department uses this form, among other things, to determine your legal qualifications for the position for which you are applying. In addition, the Rock Springs Fire Department has an obligation to itself and to the citizens of its service area to ensure that persons who are not qualified for this position will be excluded lawfully from further consideration.

You may choose to either hand write in black ink or type the information in the spaces provided. ***If there is not enough room to answer a question, please attach additional 8 ½ x 11 sheets of white paper as needed. Additionally be sure to provide the number of the question you are answering, print your name/date of birth at the top of each additional page(s), and sign your name at the bottom of each page. You may not*** attach portions of other Personal History Statement forms, resumes, or applications in **substitution** for information required on this form.

Please be as specific as possible in your answers. Also remember that there is no such thing as a perfect person or perfect candidate. As your prospective employer, we are not looking for perfection; rather, we want an open and honest opportunity to evaluate your qualifications fairly for this position.

You are responsible for the accuracy of information on this form. It is **your responsibility** to make certain that the information is complete and correct. ***Please note that deliberate misstatements or omissions on this form will result in your application being rejected, regardless of the nature or reason for the misstatements/omissions.*** Read questions **thoroughly** before answering. If you do not understand a question, ask your background investigator to clarify the question to you.

Illegal Drugs

When responding to questions about any prior use of **illegal drugs**, you should identify the drug or controlled substance used and when you first used, last used, or used that drug only once. **Do not** furnish any identifying information about controlled substances that are lawfully prescribed to you, unless you were arrested for driving under the influence of that prescribed drug.

For questions regarding the use of illegal drugs, remember that the legal term “**possession**” includes any use whatsoever. Possession includes using, experimenting with, trying, ingesting, smoking, injecting, or being under the influence of illegal drugs. It also includes drugs that were in your possession, in your clothing or in your car, even if you did not “use” them on that occasion. Possession specifically would include substances you **thought** were illegal drugs when you possessed them, even if they subsequently turned out to be harmless.

Legal Questions

All Rock Springs Fire Department applicants applying for employment are required to disclose their prior involvement in illegal acts. You are required to disclose acts that you have **committed** even if you were never caught, arrested, or prosecuted. In some cases, your responses may be subject to verification by polygraph examination. Inconsistent statements you make in this document and during your polygraph undoubtedly will result in your disqualification.

You are required to answer the questions about misdemeanors and felonies you may have committed at any time in your life. With respect to the questions about legal processes initiated against you (detentions, arrests, plea bargains, diversions and/or convictions), you may have a legal right to answer “NO” to certain questions. You should consult with your attorney if you feel you may be legally entitled to deny these processes under the law.





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Applicants for Rock Springs Fire Department must complete this application package in its entirety.

Name of Applicant

The following original documentation must be submitted with the application package. Original documents will be photocopied and returned to the applicant. Applications will not be accepted unless ALL original documents are submitted.

1. Social Security Card
2. Valid Driver's License
3. Birth Certificate Copy
4. Proof of American Citizenship (if applicable)
5. DD 214 (if prior military service)
6. Certificates of Achievement (optional and may pertain to education, public service, military, employment, etc.)
7. Transcripts (have college or university send directly to)*** : Rock Springs Fire Department
Attention: Backgrounds, 600 College Drive, Rock Springs, Wyoming 82901.
8. Copies of Diplomas (high school and post secondary education)
9. Verification Documents of any Marriages/Divorces
10. Bankruptcy documents

***Note: The applicant may wait until he/she successfully passes the initial screening process before ordering transcripts.





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RELEASE FOR PHYSICAL EVALUATION

This is to certify that I, the undersigned, of free and voluntary will, do hereby acknowledge, understand and declare that I am aware that there can be adverse effects from the types of physical activities which I will undertake at the Rock Springs Fire Department training facility, which includes the fire tower, burn building, and all grounds. I understand that the dangers and risks in participating in these activities may include serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the muscular/skeletal system and serious injury and impairment to other aspects of my body and my general health and well-being, as well as death. I further acknowledge that said dangers could also affect my emotional health.

In consideration for receiving the use of and participating in the Physical Evaluation and optional practice/training for firefighter applicants at the Rock Springs Fire Department training facility, I hereby irrevocably and forever, unconditionally waive and release and discharge the City of Rock Springs, and its elected officials, officers, board members, agents, instructors and employees from any and all legal claims or legal liability of any kind, nature and description whatsoever involving or relating to emotional or mental injury, bodily injury or death suffered or sustained by me whether foreseeable or unforeseeable or due to the negligence of the above named parties or any damage that may be caused to my property in connection with my activities at the Rock Springs Fire Department training facility, including injuries sustained from property damage caused by the use of any equipment I may use from the City of Rock Springs Fire Department.

I personally assume all risks in connection with my participation in the Performance Evaluation and optional practice/training at the Rock Springs Fire Department training facility and hereby agree to hold harmless the aforementioned parties against any liabilities, claims and costs including legal fees or attorneys fees which may be brought by me or my family, estate, my heirs or assigns, or any other parties.

Signature

Date

Printed Name

Address





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PHYSICAL EVALUATION

BACKGROUND

The Physical Evaluation (PE) is a test of an individual's ability to physically perform essential functions required in the operation of firefighting.

NFPA 1583 recommends a physical performance assessment be administered for applicants for employment. This document addresses a physical performance assessment for applicants for employment.

OVERVIEW

The Physical Evaluation consists of six (6) events designed to measure the physical ability of an applicant to perform tasks that may be encountered on an incident scene.

1. Climb Stairs Carrying Hose Pack.
2. Equipment Carry
3. Ventilation Simulation
4. Walking
5. Advance Hand Line
6. Victim Rescue

All events in the evaluation are timed as one continuous event and individuals are encouraged to continually move as safely as possible through, and on to the next event. No running is allowed except while advancing the hand line.

Successful completion of the physical evaluation is defined as meeting or exceeding the minimum required performance level. That level has been determined to be the completion of all events in less than six minutes and 30 seconds (6:30).

SAFETY PRECAUTIONS

Safety of the applicant is the top priority during the administration of the evaluation. The arduous nature of the assessment requires applicants to be monitored closely throughout the process. Weather conditions will also be monitored closely.

Applicants will be apprised of all aspects of the assessment process prior to performing the evaluation. This includes a description of each of the tasks to be performed, an explanation of the time allotted for successful completion of the assessment and an explanation of any performance techniques that are unacceptable.





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A rehabilitation area will be set-up when the physical evaluation is conducted. In addition:

- Each applicant will sign a waiver before attempting the evaluation;
- Prior to beginning, each individual is advised to complete a minimum of 10 minutes of stretching and warm-up exercises;
- Throughout the evaluation process, the evaluator will monitor each individual "potential for injury". The evaluator will monitor individuals for: lifting and carrying techniques (potential for back injury); striking techniques (potential for hand/arm injury); or, exhaustion (potential for multiple injuries).

If, in the evaluator's opinion, any individual exhibits signs indicating he/she could be at risk for an injury, the test will be stopped. Because this is subjective, the evaluator must make notations throughout the evaluation process (in the comments section of each event), of any "potential for injury" action(s), whenever it is observed.

- Following the individual's completion of the evaluation, they will enter and remain in a rehabilitation area until released by the person in charge of that area.

PERSONAL PROTECTIVE EQUIPMENT

During the evaluation, all applicants will wear a 50 lb weighted vest to simulate the weight of a self contained breathing apparatus and bunker gear for this evaluation. **Applicants will also be required to wear long pants, a long sleeved shirt or jacket, or long sleeved coveralls, closed toe shoes or boots, and full fingered gloves. If the applicant does not have these items, Rock Springs Fire Department will provide bunker coat, leather firefighting gloves, and fire boots.**





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DESCRIPTION OF EVENTS

Event 1: Climb Stairs Carrying Hose Pack

This event simulates the applicant's ability to carry a load to an upper story location. Applicant will move to a position that places them at the proper lifting point of the hose pack; lift the hose pack onto either shoulder; carry the hose pack up four (4) flights of stairs and place it on the platform. Every stair step must be touched up and down and at least one hand must be on a rail at all times. MOVE TO NEXT EVENT.

Event 2: Equipment Carry

This event simulates the applicant's ability to carry equipment from point to point and place it in position for operation.

Applicant will move to a position that places them at the proper lifting point of the smoke fan to be moved; pick up the smoke fan and carry it 75 feet and place it on the window sill on the north side of fire tower. Smoke fan must stay on the window sill. MOVE TO NEXT EVENT.

Event 3: Ventilation

This event simulates the applicant's ability to create an opening for ventilation. Applicant will move to a position that places them at the proper lifting point of the equipment hammer; pick up the equipment hammer; step on to the Keiser sled; repetitively strike the beam (striking point) of the Keiser sled until it moves a distance of five (5) feet (repositioning the feet when necessary to maintain proper striking angle and to prevent striking the beam with the handle); dismount the Keiser sled and replace the equipment hammer at the start point. MOVE TO NEXT EVENT.

Event 4: Walking

This event simulates the applicant's ability to walk around objects as may be encountered moving from the apparatus to the scene or back to the apparatus to get equipment. Applicant will walk the marked course, a distance of 140 feet around traffic cones without knocking them over or moving them out of position (5 second penalty for moving each cone). MOVE TO NEXT EVENT.





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Event 5: Advance Hand Line

This event simulates the applicant's ability to advance and position a charged 1-3/4" hose line. Applicant will move to a position that places them at the proper lifting point of the charged hand line; pick up hand line; advance hand line 75 feet to the marked area; after the nozzle has crossed the line the valve will be opened and closed; place nozzle on ground. MOVE TO NEXT EVENT. 6

Event 6: Victim Rescue

This event simulates the applicant's ability to perform a rescue by dragging a victim from a hazardous area, and to access the ability to move or drag a load backward, such as a wet mattress or a tarp loaded with debris.

Applicant will move to a position that places them at the proper lifting point of the 175-pound rescue dummy; lift/move/drag the rescue dummy a distance of 85 feet (do not use dummy's clothing to lift or drag, a strap is available behind the dummy's head for this purpose). When the applicant and the rescue dummy have both crossed the finish line, the clock will stop and the physical evaluation is over. MOVE TO REHABILITATION AREA.

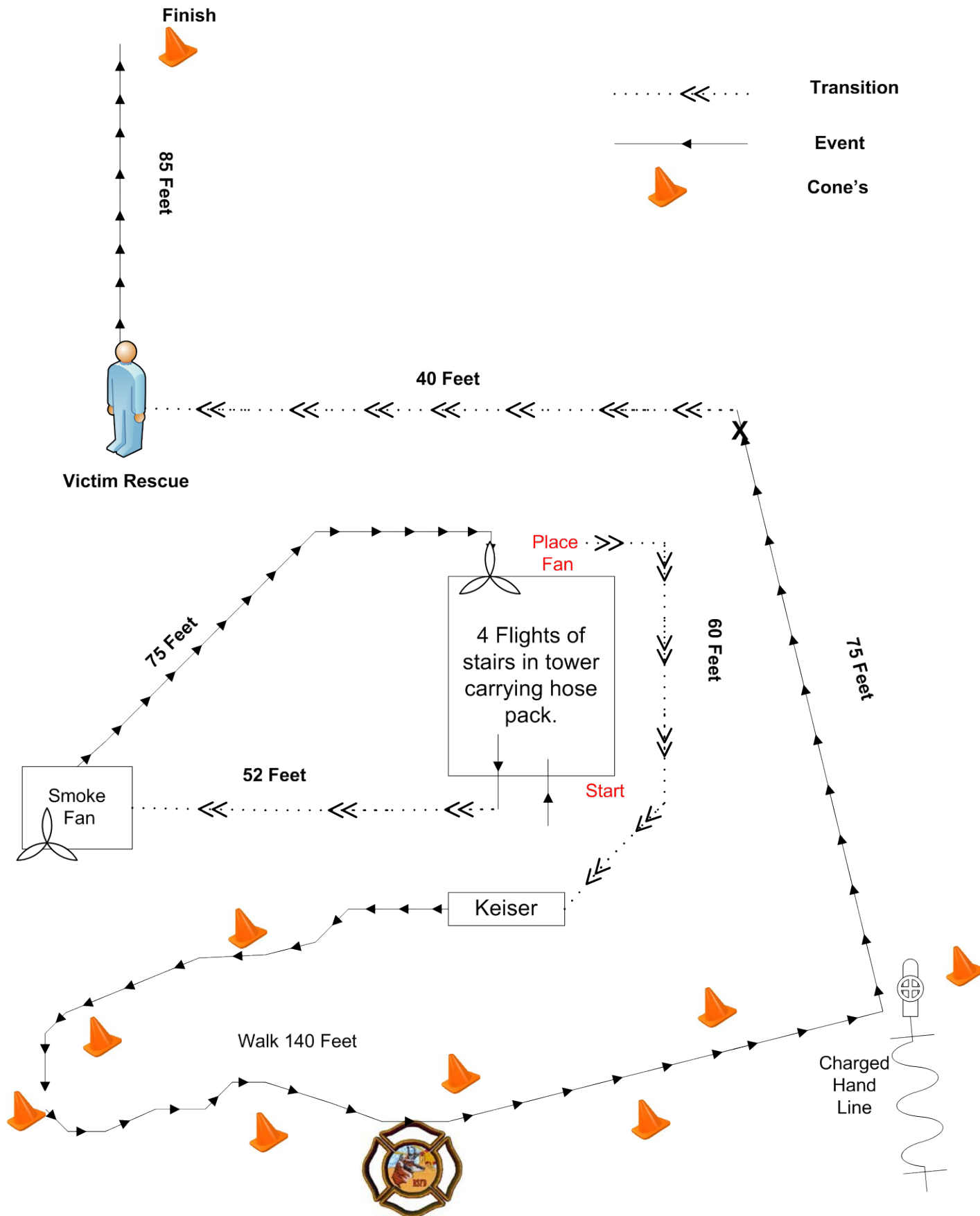
WEIGHTS

Dummy	175 pounds
Keiser Sledge Hammer	9 pounds
Hose Pack	42 pounds
Ventilation Fan	50 pounds
Weighted Vest	50 pounds

DIMENSIONS

Keiser Beam	10" W x 9" H x 36" L
Keiser Sledge Hammer	30" Long
Hose Pack	22" W x 74" L
Ventilation Fan	19" W x 19" H x 13" Deep







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RELEASE AND WAIVER

To Whom It May Concern:

I am an applicant for a position with the Rock Springs Fire Department. I hereby authorize any Rock Springs police officer or other authorized representative of the Rock Springs Fire Department bearing this release or a copy of it, within one year of its date, to obtain copies of any information in your files concerning me, or information pertaining to my employment, including but not limited to documents concerning my credit history or education, academic achievement, attendance, athletics, personal history, work performance, background investigations, polygraph examinations, and any and all internal affairs investigations and discipline, ***including any files which are deemed to be confidential, and/or sealed.***

I thereby direct you to release this information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Rock Springs Fire Department.

Consent is granted for the Rock Springs Fire Department to furnish the information described above to third parties in the course of fulfilling its official responsibilities. I further understand that I waive any right or opportunity to read or review any information provided in the background investigation report prepared by the Rock Springs Police Department.

I thereby release you, as my employer, former employer or representative of either of them and any school, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency, or related personnel, both individually and collectively, from any and all heirs, or my assigns because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any questions as to the validity of this release you may contact me as indicated below.

I understand that I have the right to receive a copy of this authorization and knowledge that I have received a copy.

Full Name (*printed*): _____ Date of Birth: _____
Current Address (*street, city, state, zip*): _____
Social Security #: _____ Phone: (Days) _____ (Evenings) _____
Full Name (*signature*): _____ Date: _____

Notary Signature

My commission expires





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Full Name (*printed*): _____ Date of Birth: _____

Current Address (*street, city, state, zip*): _____

Social Security #: _____ Phone: (Days) _____ (Evenings) _____

Full Name (*signature*): _____ Date: _____

Notary Signature

My commission expires





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AUTHORIZATION TO RELEASE MILITARY RECORDS

I have applied to the Rock Springs Fire Department for a position as a firefighter. Therefore, I hereby authorize the Rock Springs Fire Department to investigate my past military record, character, physical, and mental condition, whether the same is of record or not.

As such, I authorize the National Personnel Records Center in St. Louis, Missouri, or any other custodian of my military record to release to the Rock Springs Fire Department information or photocopies from my military personnel records. This includes, but is not limited to; photocopies of my *undeleated* 00-214, 00-215, all official military personnel records. disciplinary actions (judicial and non-judicial). and the facts and circumstances surrounding my discharge or release from active duty.

I hereby release the United States Government and its employees. representatives, and agents from any and all charges and liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates as a result of compliance with this authorization and request to release information or any attempt to comply with it.

This release, or a photocopy of it, shall be valid for one calendar year from the date indicated below.

Branch of Service

Full Name (printed or typed)

Date of Service

Social Security No./Service No.

Signature

Subscribed and sworn to in my presence this _____ day of _____, 20__

Notary Public

My Commission expires: _





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AUTHORIZATION TO RELEASE **MILITARY RECORDS**

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As such, I authorize the National Personnel Records Center in St. Louis, Missouri, or any other custodian of my military record to release to the Rock Springs Fire Department information or photocopies from my military personnel records. This includes, but is not limited to; photocopies of my *undeleated* 00-214, 00-215, all official military personnel records. disciplinary actions (judicial and non-judicial). and the facts and circumstances surrounding my discharge or release from active duty.

I hereby release the United States Government and its employees. representatives, and agents from any and all charges and liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates as a result of compliance with this authorization and request to release information or any attempt to comply with it.

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Branch of Service

Full Name (printed or typed)

Date of Service

Social Security No./Service No.

Signature

Subscribed and sworn to in my presence this _____ day of _____, 20__

Notary Public

My Commission expires: _____



PERSONAL HISTORY STATEMENT

PERSONAL

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

1. Name <i>(Please print or type)</i> :				
Last	First	Middle		
Other Names <i>(including nicknames)</i> you have used or been known by:				
2. Please list the address at which you can be contacted:				
Street	City	State	Zip Code	
3. Please list telephone number(s) and e-mail address at which you can be contacted and times you are at each number:				
() _____ from _____ a.m./p.m. to _____ a.m./p.m. () _____ from _____ a.m./p.m. to _____ a.m./p.m. E-mail address: _____				
4. Birth Date		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? Yes No		6. Place of Birth
Month	Day			Year
7. 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.)		County _____
_____				City _____
8. For the purpose of identification, please provide the following:				
Height	Weight	Hair Color	Eye Color	
Scars, tattoos, or other distinguishing marks:				

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. Inquiries will be confined to job relevant matters.

9. Please supply the appropriate information in the spaces provided below. If category is not applicable write "n/a".		
Name:	Complete address where person can be contacted. Include city, state, and zip code.	Telephone & Email
Father		Telephone
		Email
Mother		Telephone
		Email
Father-in-Law		Telephone
		Email
Mother-in-Law		Telephone
		Email
Spouse / Partner		Telephone
Date of Birth: Date Married:		Email
Former Spouse(s) / Fiance'		Telephone
Date of Birth: Date Divorced:		Email
Former Spouse(s) / Fiance'		Telephone
Date of Birth: Date Divorced:		Email
Brother(s) / Sister(s)	Age	Telephone
		Email
		Telephone
		Email
		Telephone
		Email
		Telephone
		Email
		Telephone
		Email
		Telephone
		Email
		Telephone
		Email
Stepfather		Telephone
		Email
Stepmother		Telephone
		Email
Stepbrother(s)/Stepsister(s)	Age	Telephone
		Email
		Telephone
		Email
		Telephone
		Email
		Telephone
		Email
		Telephone
		Email

Other *ADULT* relatives with whom you have a close personal relationship (i.e. Aunt, Uncle, Cousin, Brother/Sister In-Law):

Full name/relationship	Complete address where person can be contacted. Include city, state, and zip code	Telephone & Email

10. Below, please list those individuals with whom you have resided during the last 10 years (*do not list anything prior to your 15th birthday*). **Exclude family members.**

11. Below, please list as references three-five individuals who have knowledge of you and your qualifications. **Exclude relatives & former employers.**

12. Please list three-five individuals who are casual and/or social acquaintances (*i.e. person whom you have seen frequently during the past year*) and have knowledge of your qualifications. **Exclude relatives and former employers.**

EDUCATION

13. The Rock Springs Fire Department requires that employees possess a high school diploma or its equivalent. Please indicate your current situation 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: _____

14. College Degrees: I possess a two-year college degree I possess a four-year college degree

Type of Degree(s) _____

15. 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		School References (Teachers, Counselors)
		From	To	

16. 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, any formal education beyond the high school level*). Yes No

If yes, please explain (*include school, date, and circumstances*):

17. Check any of the following professional certificates you possess that relate to your qualifications for this position:

Firefighter I

Firefighter II

EMT-B

EMT-I

EMT-P

List any other professional certificates you may hold: _____

18. Other than English, do you speak/understand any other languages fluently? Yes No

If yes, please list: _____

RESIDENCES

19. Individuals who have become acquainted with you by reason of your different locations are often helpful in providing useful information for the background investigation. Please list below all of your residences during the last 10 years (*list no information prior to your 15th birthday*). ***Begin with the most current residence.***

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

20. Below, list neighbors with respect to the residences you listed:

Name	Address	Telephone

21. Have you ever been denied the return of a security or damage deposit by any landlord?

Yes No

If yes, explain:

EXPERIENCE & EMPLOYMENT

22. Your employment history is a critical part of your background investigation. Beginning with your most current employment, please list **all jobs** you have held in the **past 10 years**. You must account for each and every job you have held, whether full time, part-time, or voluntary. Begin with your present or most recent job and work backwards. ***If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided.***

Dates of Employment	Company Name & Address	Name of Supervisor
From To Mo./Yr. Mo./Yr. ____/____ ____/____ Full time Part-time Voluntary		Name(s) of Co-worker(s)
	Telephone Number:	
	Title or Duties (for identification purposes):	
Beginning Salary _____ Ending Salary _____		
Detailed Reason for Leaving:		

Military Service

Not Employed

From ____ / ____

To ____ / ____

Continued on following pages...

Dates of Employment	Company Name & Address	Name of Supervisor
From Mo./Yr. To Mo./Yr.		
____/____/____		Name(s) of Co-worker(s)
Full time		
Part-time		
Voluntary	Telephone Number:	
	Title or Duties (for identification purposes):	
Beginning Salary_____ Ending Salary_____		
Detailed Reason for Leaving:		

Military Service	Not Employed	From ____/____/____	To ____/____/____
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Full time		
Part-time		
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Detailed Reason for Leaving:		

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Full time		
Part-time		
Voluntary	Telephone Number:	
	Title or Duties (for identification purposes):	
Beginning Salary _____ Ending Salary _____		
Detailed Reason for Leaving:		

Military Service	Not Employed	From ____ / ____	To ____ / ____
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<p>23. If you have not had prior employment, please explain below:</p>
<p>23. Have you ever been involuntarily terminated from a job <i>(including layoffs, firings, forced or requested resignations, or probationary release)</i>? Yes No If yes, please give details <i>(DO NOT list any separation which resulted from a medical inability)</i>:</p>
<p>24. Are you in the process or have you ever been a successful or unsuccessful candidate for another position requiring peace officer powers? Yes No If yes, please give details <i>(include when, name of agency, circumstances)</i>:</p>
<p>25. While on duty or at work, have you ever consumed alcohol or illegally ingested any controlled substances that may have violated company rules and/or policies/regulations set by your employer? Yes No If yes, explain:</p>
<p>26. Have you ever engaged in any sexual activity on-duty or at work? Yes No If yes, explain:</p>
<p>27. Have you had any extended work absences for reasons other than earned vacations? Yes No If yes, explain <i>(include when, name of employer, why)</i>:</p>
<p>28. Has any employer ever investigated you or your work performance as a result of a complaint from a co-worker, supervisor, subordinate, or member of the general public? Yes No If yes, give the complete details of each incident:</p> <p style="margin-left: 40px;">Date _____ Nature of Complaint: _____</p> <p style="margin-left: 40px;">Date _____ Nature of Complaint: _____</p> <p style="margin-left: 40px;">Date _____ Nature of Complaint: _____</p> <p>Were the complaints against you sustained? Yes No If yes, what discipline was imposed?</p>

29. Have you ever been the subject of any disciplinary action by an employer, including formal reprimands, warnings, or suspensions? Yes No If yes, give details:		
30. List other persons employed as firefighters who may be familiar enough with you as to offer an opinion on your suitability for employment as a firefighter. Also, list any Rock Springs Fire Department employees you know.		
Name	Agency	Telephone

MILITARY SERVICE

31. 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 _____ / _____ to _____ / _____		
Type of Discharge _____		Rank when Discharged _____
Were you ever reduced in rank? Yes No If yes, give reason:		
Highest rank held _____		
Unit last assigned _____		
32. Please list current and past draft classifications in chronological order:		
33. Are you <u>currently</u> participating in any military reserve or national guard program? Yes No		

34. 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, give details (*include branch of service, when, where, circumstances*):

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

Name	Address	Telephone	From	To

FINANCIAL

36. The management of personal finances is relevant to an individual's qualifications for the position. Therefore, please fill in the financial statement below completely and accurately. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

Current Monthly Income		Current Monthly Expenditures	
Monthly Salary	_____	Real Estate Payments	_____
Spouse/Partner's Salary	_____	Rent	_____
Other Monthly Income	_____	Other Monthly Payments	_____

Total Monthly Income	_____	Estimated monthly cost of living (Utilities, food, gasoline, home & car maintenance, entertainment, etc.) and any other obligations	_____
		Total Monthly Expenditures	_____

Continued on next page...

Current Assets		Current Liabilities	
Savings	_____	Real Estate Indebtedness	_____
Checking	_____	Long Term Loans	_____
Real Estate	_____	Charge Accounts	_____
Stocks & Bonds	_____	Other Liabilities (describe)	
Life Insurance (cash value)	_____	_____	_____
Autos	_____	_____	_____
Other Assets (describe)		_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Assets	_____	Total Liabilities	_____

37. Below, please supply more detailed information about your credit cards, other non-real estate loans, or other financial liabilities:

Name of Firm	Address	Account Number

38. Have you ever filed for or declared bankruptcy? Yes No
 If yes, please give details (*include when, where, why*):

--

<p>39. Have any of your bills ever been turned over to a collection agency? If yes, please give details (<i>include when, firms involved, circumstances</i>):</p>	Yes	No
<p>40. Have you ever had purchased goods repossessed? If yes, please give details (<i>include when, firms involved, circumstances</i>):</p>	Yes	No
<p>41. Have your wages ever been garnished? If yes, please give details (<i>include when, where, why</i>):</p>	Yes	No
<p>42. Have you ever been or are you now delinquent on any court ordered payment(s)? (<i>i.e.: child support, alimony, etc.</i>) Yes No If yes, explain:</p>		
<p>43. Please list any other financial situations or circumstances that you feel may need to be explained before the background investigation:</p>		
<p>44. Have you ever been delinquent on income or other tax payments? If yes, please give details (<i>include when, where, why</i>):</p>	Yes	No

LEGAL

Your involvement in any civil and criminal proceedings may have a direct bearing on your legal eligibility to hold a position with the Rock Springs Fire Department. However, some arrests or even conviction(s) may not automatically disqualify you from further consideration for the position. Furnish the following information requested. All applicants should note that criminal records, including misdemeanor and certain other convictions that have been sealed or expunged by court order, need not be reported. However, felony convictions, whether expunged or pardoned, must be reported, as well as withheld convictions.

45. Have you ever been arrested or detained for investigation, or cited by **any law enforcement agency**, either as a juvenile or as an adult? Yes No
If yes, please fill in the information below. **Do not include traffic infractions in this category.**

Approximate Date	Police Agency	Circumstances

46. Have you ever been convicted of or pled guilty to any criminal offense, including military court martial? Yes No
If yes, give the nature of the offense, the arresting agency, approximate date of the conviction, and your sentence:

47. Have you ever been placed on court probation as an adult? Yes No
If yes, please give details (*include when, where, why*):

48. Were you ever required to appear before a juvenile court for an act that would have been a crime if committed by an adult? Yes No
If yes, please give details (*include when, where, why*):

<p>49. Have you ever been reported to a law enforcement agency as a missing person or runaway? Yes No If yes, please give details <i>(include date, law enforcement agency, circumstances)</i>:</p>																																	
<p>50. Have you ever been sued in court or have you ever sued anyone else in court? <i>(This includes incidents arising from your employment, divorce actions, small claims, or other suits. Do not list the nature of this case if it involved worker's compensation or disability claims.)</i> Yes No If yes, explain:</p>																																	
<p>51. Have you settled any civil suits out of court in which you, your insurance company, or anyone else on your behalf were required to make a cash payment to the other party? Yes No If yes, explain:</p>																																	
<p>52. Have you ever been the subject of any federal or state civil rights investigation? Yes No If yes, explain:</p>																																	
<p>53. Have you ever been the subject of a civil restraining order, protection order, or no contact order? Yes No If yes, explain:</p>																																	
<p>54. To the best of your knowledge, are you currently under investigation by any law enforcement agency concerning any alleged violation of criminal law? Yes No If yes, explain:</p>																																	
<p>55. Check any misdemeanors that you have ever committed, <i>whether detected or not</i>. Please use an additional page to explain the circumstances of each offense.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Hunting/Fishing without a license</td> <td style="width: 33%;">Harassing phone calls</td> <td style="width: 33%;">Possession of a controlled substance</td> </tr> <tr> <td>Poaching</td> <td>Petty theft/shoplifting</td> <td>Impersonating a police officer</td> </tr> <tr> <td>Concealing a weapon without a permit</td> <td></td> <td></td> </tr> <tr> <td>Indecent exposure</td> <td>Disorderly conduct</td> <td>Prostitution</td> </tr> <tr> <td>Illegal gambling</td> <td>Assault/battery</td> <td></td> </tr> <tr> <td>Soliciting a prostitute</td> <td>Resisting arrest</td> <td>Hit and run (no injuries)</td> </tr> <tr> <td>Driving under the influence (DUI)</td> <td></td> <td></td> </tr> <tr> <td>Trespassing</td> <td>Joyriding</td> <td>Vandalism</td> </tr> <tr> <td>Domestic battery</td> <td>Possession of stolen property</td> <td></td> </tr> <tr> <td>Possession of false identification</td> <td>Brandishing a weapon</td> <td></td> </tr> <tr> <td colspan="3">Other (explain): _____</td> </tr> </table>	Hunting/Fishing without a license	Harassing phone calls	Possession of a controlled substance	Poaching	Petty theft/shoplifting	Impersonating a police officer	Concealing a weapon without a permit			Indecent exposure	Disorderly conduct	Prostitution	Illegal gambling	Assault/battery		Soliciting a prostitute	Resisting arrest	Hit and run (no injuries)	Driving under the influence (DUI)			Trespassing	Joyriding	Vandalism	Domestic battery	Possession of stolen property		Possession of false identification	Brandishing a weapon		Other (explain): _____		
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Other (explain): _____																																	

56. Check any felonies you have ever committed, ***whether detected or not***. Please use an additional page to explain the circumstances of each offense.

Murder	Rape	Embezzlement	Arson	Robbery	DUI	Burglary
Aggravated Assault	Grand theft	Forgery	Auto theft	Child abuse		
Domestic violence	Other sexual assault	Hit & Run with injuries	Possession of stolen property			
Cultivation/manufacture/possession of controlled substances						
Other (explain): _____						

57. Have you ever been required to register as a Sex Offender? Yes No
If yes, provide dates and location registered:

58. Have you ever struck someone else in anger? Yes No
If yes, explain:

59. Have you ever had contact with any child/family services agency? Yes No
If yes, explain

MOTOR VEHICLE OPERATION

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

60. Driver's License Number	State	Expiration Date
61. Please list below other states or countries where you have been licensed to operate a motor vehicle:		
State / Country	State / Country	State / Country
Name under which license was granted	Name under which license was granted	Name under which license was granted
62. Have you ever been refused a driver's license by any state/country?	Yes	No
If yes, please explain (<i>include when, where, why</i>):		

63. Have your driving privileges ever been revoked for late or non-payment of child support?

Yes No If yes, explain:

64. Have you ever operated a motor vehicle while YOU believe you were under the influence of alcohol and/or drugs? Yes No If yes, explain:

65. 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 Number	Expiration Date

66. Has your automobile insurance ever been cancelled? Yes No

If yes, give reason:

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

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

68. Have you ever been charged with Failure to Appear or Pay as a result of a citation you have received? Yes No If yes, give details:			
69. Do you have any vehicle(s) currently licensed in Wyoming? Yes No			
70. Have you been involved as a driver in a motor vehicle accident within the last seven years? Yes No If yes, please give details for 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		
71. Has your driver's license ever been suspended, revoked, or placed on negligent operator's probation? Yes No If yes, please give details (<i>what, when, where, why</i>):			
72. Has your driver's license ever been suspended for failure to appear for a scheduled court date? Yes No If yes, explain:			
73. Have you ever been refused insurance for any reason other than failure to pay a premium? Yes No If yes, please explain (<i>include company name, address, date, and reason</i>):			

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

GENERAL TOPICS

The following questions are general topics related to other issues that have not been addressed specifically anywhere else in this application.

75. Have you ever applied for a permit to carry a concealed weapon? Yes No
If yes, please provide the following information:

Permit granted? Yes No Date: _____

Name of Law Enforcement Agency:

Purpose:

76. Have you ever called in sick when you were, in fact, not sick or caring for a family member who was sick? Yes No If yes, explain:

77. Have you ever been implicated in the sexual harassment of a superior, co-worker, or subordinate employee? Yes No If yes, explain:

78. Has an employer of yours ever been sued as a result of your conduct or duties *(this would include vehicle collisions in your employer's vehicles, persons injured or killed as a result of your duties, claims or false arrest, unlawful imprisonment, excessive use of force, etc.)*? Yes No
If yes, explain:

79. Have you ever used, tried, experimented, possessed or in any way introduced into your body any illegal drug, controlled substance, or other prescription not lawfully prescribed to you?
Yes No If yes, give details in the chart below:

Drug	Yes	No	Date First Used	Date Last Used	Used Once
Marijuana and/or any product that contains THC					
Synthetic Cannabinoids (ie: Spice)					
Bath Salts					
Hashish, Hashish Oil					
Cocaine					
Crack, Rock, Ice					
Barbiturates, Hypnotics, or "Downers"					
Amphetamines (Cross tops, Whites, Bennies, Uppers)					
Methamphetamine (Speed, Crank)					
LSD or other Hallucinogens					
PCP (Angel Dust, Mushrooms)					
Heroin or other Opiates					
Steroids					
Pharmaceutical 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 any 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?		

80. 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, or which seeks to alter the form of government of the United States by unconstitutional means? Yes No

If yes, identify the organization and explain fully:

81. Do you have anything in your background that may disqualify you from becoming an employee of the Rock Springs Fire Department? Yes No If yes, explain:

82. Is there anything we have not discussed which YOU believe would have an effect on your background investigation? Yes No If yes, explain:

ALL APPLICANTS:

We will be conducting an extensive investigation into your suitability for employment with the Rock Springs Fire Department. Please describe in complete detail anything else you feel is important for your background investigator to know:

How did you hear about the Rock Springs Fire Department?

Did an employee with the department recruit you to apply? Yes No

If yes, employee's name:

I hereby certify that all statements and information made by me in completing this Personal History Statement are true to the best of my knowledge. I personally have completed this form and understand that deliberate errors or misstatements of material fact will subject me to disqualification or dismissal. I also understand that erroneous information will negate any conditional offers and may result in my termination at a later date if I am hired.

Signature in Full

Date Completed