



LARAMIE COUNTY SHERIFF'S OFFICE

Posse Application

Name: _____

Last name First Middle

*****FOLLOW DIRECTIONS CAREFULLY*****

- 1. Please print this packet one-sided, dual-sided copies will not be accepted.**
- 2. Type, write, or print legibly.**
- 3. Read each question carefully before answering it.**
- 4. Answer all questions completely and accurately.**
- 5. If a question does not apply to you, write "DNA" in the space provided.**
- 6. If you require additional space, use the continuation area.**
- 7. Have the Authorization for Release of Information page notarized!!**

Return all completed documents to:
Laramie County Sheriff's Office
Hiring Unit
LCSOposse@laramiecountywy.gov

POSSE APPLICANT NOTICE:

The Laramie County Sheriff’s Office is committed to providing the finest service possible to the citizens of this County. It is essential that all Laramie County Sheriff’s Office volunteers exhibit the highest degree of honesty, integrity, and accountability as representatives of this Office to our community. A background investigation will be conducted into your personal history.

The application process is designed to obtain and evaluate your complete personal and employment history. It is essential that you look over your application to ensure it is complete and accurate. Take time during the posse orientation process / application process to ask any questions for which you may need clarification. Please be advised that any information that is intentionally omitted or minimized can result in the immediate termination of your application process. Your information may also be used when necessary to comply with federal, state and local statutes.

Initial: _____

I understand that I will not receive, and I am not entitled to information collected during the course of my application process, no documents submitted by me will be returned, and I further understand that the information collected will be used in the evaluation process for volunteer service with the Laramie County Sheriff’s Office. If I am not selected, I WILL NOT BE ADVISED OF THE REASONS FOR NON-SELECTION.

Initial: _____

Sign: _____ Date: _____

Applicant Email address: _____

Posse Branch Affiliation / Sponsorship: _____

Posse Commander Signature: _____ Date: _____

Posse Branch interest if unsponsored:

APPLICANT:

Read every question carefully. Use **black or blue ink only**. Answer **every** question. If a question does not apply to you, write "DNA" in the space. If additional space is required, use the continuation page.

Last name	First name	Middle name			
<hr/>					
Address	City	State	Zip Code		
<hr/>					
() _____ - _____ Cell number	() _____ - _____ Work telephone number	() _____ - _____ other telephone number			
<hr/>					
Date of Birth: _____	Age: _____	Race: _____	Sex: _____	Hgt: _____	Wgt: _____

List any other names, social security numbers, or dates of birth you have ever used.

Place of Birth (city & state)	Social Security Number
<hr/>	
Email Address: _____	
Citizenship Status: Unites States Citizen _____ Permanent Resident Alien _____ Other (specify) _____	

EMERGENCY CONTACT:

Emergency Contact Name	Relationship		
<hr/>			
Address	City	State	Zip Code
<hr/>			
() _____ - _____ telephone number	() _____ - _____ Work telephone number	() _____ - _____ Home other telephone number	

FAMILY:

Status (check one): Single () Married () Separated () Divorced () Widowed () Co-Habitate ()

Date married: _____ If married, list spouse's maiden name: _

Spouse's or Co-Habitant's full name	Date of birth	Spouse or Co-Habitant's occupation
<hr/>		

List all previous residences in the last ten (5) years: (List complete street addresses, City, State and Zip code)

Address (Street & Number)	City	State	Zip Code	From: Month/Year - To: Month/Year
Address (Street & Number)	City	State	Zip Code	From: Month/Year - To: Month/Year
Address (Street & Number)	City	State	Zip Code	From: Month/Year - To: Month/Year
Address (Street & Number)	City	State	Zip Code	From: Month/Year - To: Month/Year

DRIVING HISTORY

Current driver's license number & state _____ Expiration date _____ Previous driver's license state (s) _____

Have you ever had your license suspended? Yes _____ No _____ If yes, please explain: _____

Date of suspension: Month _____ / Year _____ Date reinstated: Month _____ / Year _____

Date of suspension: Month _____ / Year _____ Date reinstated: Month _____ / Year _____

List below all **traffic citations** you have received in the last 5 years, in this country or any other country.

Date (Month/Year)	Location (City, State)	Issuing Agency (DPS, Phoenix PD,	Charge (Speeding, Failure to id, yield, etc.)	Disposition (fine, driving school, etc.)	Accident related Y / N

If you listed anything in the above chart, please provide a detailed explanation in the space provided below.

MILITARY HISTORY

Have you ever been in the Military? Yes _____ No _____ Type of discharge _____

Dates of active service: From _____ to _____ Branch: _____

Dates of reserve service: From _____ to _____ Branch: _____

MOS: _____ Rank upon discharge: _____

List any disciplinary action that you have ever received in the military (include type, date and reason):

Male applicants: Are you registered with the Selective Service? Yes _____ No _____

Registration# _____ If No, explain: _____

EMPLOYMENT HISTORY:

List all places of employment during the last six (6) years, beginning with the present or most recent employer and going backwards. List all employers in proper sequence. OMIT NONE!

Month and Year: _____

Name of employer _____

From: _____/_____/_____

To: **CURRENT** Complete street address City State Zip Code Phone

Salary: _____ Job title – Describe your duties _____

Start: _____

End: _____ Describe reason for leaving (resigned, terminated, moved, went back to school, etc.) _____

Supervisors Name: _____ Phone: _____

Month and Year: _____

Name of employer _____

From: _____/_____/_____

To: _____/_____/_____ Complete street address City State Zip Code Phone

Salary: _____ Job title – Describe your duties _____

Start: _____

End: _____ Describe reason for leaving (resigned, terminated, moved, went back to school, etc.) _____

Supervisors Name: _____ Phone: _____

Month and Year: _____

Name of employer _____

From: _____/_____/_____

To: _____/_____/_____ Complete street address City State Zip Code Phone

Salary: _____ Job title – Describe your duties _____

Start: _____

End: _____ Describe reason for leaving (resigned, terminated, moved, went back to school, etc.) _____

Supervisors Name: _____ Phone: _____

Month and Year: _____ Name of employer _____
 From: _____/
 To: _____/_____ Complete street address _____ City _____ State _____ Zip Code _____ Phone _____

Salary: _____ Job title – Describe you duties _____
 Start: _____
 End: _____ Describe reason for leaving (resigned, terminated, moved, went back to school, etc.) _____

Supervisors Name : _____ Phone: _____

EMPLOYMENT HISTORY continued:

Have you been terminated, or left employment in lieu of termination within the past 3 years? Yes ___ No ___

Have you ever been accused of misconduct by an employer? Examples: theft, harassment, misconduct, etc. Yes ___ No ___

If yes please explain. _____

LAW ENFORCEMENT HISTORY:

Have you ever applied to, or been employed by the Laramie County Sheriff's Office in any capacity as a paid employee or as a volunteer? Yes ___ No ___

If Yes, date and position: _____

Have you ever applied for any position with another law enforcement agency, including the Department of Corrections and similar agencies? Yes ___ No ___ If Yes, explain (use continuation page if necessary):

Month/Year	Agency name and state	Position	Status of application	Contact person
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Month/Year	Agency name and state	Position	Status of application	Contact person
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Month/Year	Agency name and state	Position	Status of application	Contact person
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Have you ever received any law enforcement training? Yes ___ No ___ If Yes, explain below:

When	Where	Type of training
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Have you ever been certified as a police officer? Yes ___ No ___ If Yes, explain below:

When	Where	Type of certification
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Have you ever had any involvement or association with another law enforcement agency, including the Department of Corrections and similar agencies, either as a volunteer or paid employee?

Yes ___ No ___ If Yes, when and where: _____

Have you ever been terminated while working for a law enforcement agency? Yes ___ No ___

Have you ever received discipline while working for a law enforcement agency? Yes _____ No _____

If you answered yes to **any** of the questions above, please provide Month/Year, Employer and a detailed explanation in the space below: _____

EDUCATION AND TRAINING:

List all schools (high schools, colleges, universities and graduate schools) you have attended. List GED if applicable:

<u>Date Graduated</u>	<u>School Name</u>	<u>Address</u>	<u>Type of diploma received</u>

List any skills or abilities possessed (PC skills, foreign languages you can speak, read and write fluently, CDL, etc.):

REFERENCES

List the names of any acquaintances employed by this department:

List three (3) personal references (**No LCSO employees, former employers or relatives**) who are responsible adults, and have known you **well** for a minimum of one year within the past five (5) years: **include phone numbers with area codes and email addresses.**

(1)

<u>Full name</u>	<u>Street address</u>	<u>City</u>	<u>State</u>	<u>Zip code</u>	<u>Occupation</u>
<u>Email address</u>		<u>Home phone</u>	<u>Work/cell phone (optional)</u>	<u>How long known?</u>	

(2)

<u>Full name</u>	<u>Street address</u>	<u>City</u>	<u>State</u>	<u>Zip code</u>	<u>Occupation</u>
<u>Email address</u>		<u>Home phone</u>	<u>Work/cell phone (optional)</u>	<u>How long known?</u>	

(3)

<u>Full name</u>	<u>Street address</u>	<u>City</u>	<u>State</u>	<u>Zip code</u>	<u>Occupation</u>
<u>Email address</u>		<u>Home phone</u>	<u>Work/cell phone (optional)</u>	<u>How long known?</u>	

ORGANIZATIONAL MEMBERSHIP:

Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or the State of Arizona, by any unlawful or unconstitutional means?

Yes _____ No _____

If Yes, explain: _____

POLICE CONTACT:

Please list ANY contact you have had with a civil or military official of any kind, including as a witness, victim, suspect, responder, etc. Also list if you have **EVER** been **arrested, convicted, charged, questioned or detained** (including cited and released) for ANY offense, violation of ANY statute or ordinance by any civil or military authority? (Please include ANY convictions or adjudications as a juvenile also)

Yes _____ No _____

If yes, please list in the following chart (Do not use criminal codes):

Date (Month/Year)	Location (City/State)	Issuing Agency (DPS, Phoenix PD, MCSO, etc.)	Original Charge (Aggravated assault, Burglary, Grand Theft, etc.)	Reduced to (Assault, Theft, Theft of means, etc.)	Disposition/ Court Action (Guilty, not guilty, paid fine)

If you listed anything in the above chart, please provide a detailed explanation in the space provided below.

Drug Use

Have you ever used a prescription drug that was **not** prescribed to you? (Pain killers, muscle relaxers, antibiotics, sleep aids, etc.) Yes _____ No _____

If yes, please explain: _____

Type: _____ Date of last use: _____ / _____ Type: _____ Date of last use: _____ / _____

Have you ever used a prescription drug for **other** than the prescribed purpose? Yes _____ No _____

If yes, please explain: _____

Type: _____ Date of last use: _____ / _____ Type: _____ Date of last use: _____ / _____

Have you ever **GIVEN** or **SOLD** prescription drugs, marijuana or any other illegal narcotics or dangerous drugs?

Yes _____ No _____

If yes, please explain what drug, the quantity, given or sold, when including month and year and the amount you profited, if any:

How to determine number of uses: A use is defined as an “occurrence”. For instance, if you used marijuana on one occasion, but took multiple puffs, it would count as one (1) use. However, if different drugs were used, they each count as one (1) use. So, if you used marijuana and cocaine during the same “occurrence”, this would count as one (1) “use” of marijuana and one (1) “use” of cocaine.

In the chart below, please indicate your marijuana usage by checking the boxes that most accurately reflect your history. **Do not guess!**

MARLUANA:

Marijuana	TOTAL times tried before Age 21.						
	0	1	2-5	6-10	11-20	21-50	51+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL times tried Age 21 and older						
0	1	2-5	6-10	11-20	21-50	51+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of last use (Month/Year): _____

Age at last use: _____

OTHER DRUGS:

In the charts below, please indicate your usage for all other drugs (excluding marijuana) by checking the boxes that most accurately reflect your history with that drug. **Do not guess!** This does not include medications prescribed to you!

(A) Cocaine / Crack	TOTAL times tried <u>before</u> Age 21.						
	0	1	2-5	6-10	11-20	21-50	51+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL times tried Age 21 and above.						
0	1	2-5	6-10	11-20	21+	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(B) Hallucinogens LSD, PCP, Acid, Peyote, Mushrooms, Angel Dust	TOTAL times tried <u>before</u> Age 21.						
	0	1	2-5	6-10	11-20	21-50	51+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL times tried Age 21 and above.						
0	1	2-5	6-10	11-20	21+	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(C) Dangerous Drugs Opium, Morphine Heroin, Ecstasy, GHB, etc.	TOTAL times tried <u>before</u> Age 21.						
	0	1	2-5	6-10	11-20	21-50	51+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL times tried Age 21 and above.						
0	1	2-5	6-10	11-20	21+	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(D) Amphetamines Speed, Ice, Crystal Meth, Glass, etc.	TOTAL times tried <u>before</u> Age 21.						
	0	1	2-5	6-10	11-20	21-50	51+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL times tried Age 21 and above.						
0	1	2-5	6-10	11-20	21+	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(E) Steroids Pills / Injections	TOTAL times tried <u>before</u> Age 21.						
	0	1	2-5	6-10	11-20	21-50	51+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL times tried Age 21 and above.						
0	1	2-5	6-10	11-20	21+	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(F) Inhalants Spray Paint, Glue, Lighter Fluid, Gas, etc.	TOTAL times tried <u>before</u> Age 21.						
	0	1	2-5	6-10	11-20	21-50	51+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL times tried Age 21 and above.						
0	1	2-5	6-10	11-20	21+	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(G) Designer Drugs Incense, Spice, K2, Bath Salts, etc. Other Drugs Not listed	TOTAL times tried <u>before</u> Age 21.						
	0	1	2-5	6-10	11-20	21-50	51+
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTAL times tried Age 21 and above.						
0	1	2-5	6-10	11-20	21+	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

OTHER DRUGS – Date of last use (Month/Year):

Age of last use:

Totals Of Other Drugs Add results for tables A-G	TOTAL times tried <u>before</u> Age 21.						
	0	1	2-5	6-10	11-20	21-50	51+

TOTAL times tried Age 21 and above.						
0	1	2-5	6-10	11-20	21+	

Date of last use (Month/Year): _____

Age at last use: _____

