

SWEETWATER

C•O•U•N•T•Y

Mike Lowell- Sheriff

Administrative Section
Captain Rick Hawkins

Detention Section
Captain Brett Stokes

Operations Section
Captain Jason Love

To: Sweetwater County Sheriff's Office Applicants
From: Sheriff Mike Lowell
Subject: Application Process
Date: February 19, 2015

Effective immediately, incomplete application packets will not be forwarded to the Sheriff's Office and will not be processed.

A COMPLETE APPLICATION PACKET includes:

1. Application (signed)
2. Notarized Truthfulness statement
3. Notarized Authorization to release form
4. Social Networking release form
5. Military records release form
6. DFS Central Registry Release form
7. Test of Adult Basic Education (TABE) results. You will need to contact WWCC to schedule 382-1829 (RS) or 872-1319 (GR)
8. Complete Applicant Personal History Statement, including the following supporting documents
 - A. High school diploma or GED certificate.
 - B. Transcripts from colleges or universities.
 - C. Military discharge papers. (MUST include discharges status—Long form)
 - D. Citizenship or naturalization papers.
 - E. Certified copy of your birth certificate.
 - F. All marriage licenses and divorce papers.
 - G. Name change documents.
 - H. Peace Officer Standards and Training certificate of graduation from a police academy.
 - I. Original Credit Report (www.annualcreditreport.com)
 - J. A full face photograph of applicant, no smaller than 2.5" x 2.5"

Thank you,

Sheriff Mike Lowell
Sweetwater County

County/City Testers- TABE Preparation

\$5.00 fee

Photo ID required

The TABE test takes approximately 3-4 hours. Please plan accordingly. If necessary, you may break it up into a couple of sessions. **Please call the Learning Center and make an appointment to TABE test.**

Locations:

Rock Springs Adult Learning Center (307) 382-1829
WWCC, Room 2051

Green River Adult Learning Center (307) 872-1319
WWCC Green River Campus, Room 110

Retake Policy:

Once both versions of the test have been taken, you must wait 30 days to test again. There is a \$5 fee for each retake.

Contents of the TABE test:

READING: interpreting tables & graphs, recalling information, evaluating meaning, words in context, word meaning

MATH: (calculators not allowed) adding, subtracting, multiplying & dividing of: whole numbers, decimals, fractions, and positive/negative numbers; percents (find the percent, part, and whole); estimation; measurement; basic geometry (perimeter, circumference, area, volume, Pythagorean Theorem, basic understanding of a coordinate grid); basic data analysis (mean, median, mode); probability; basic algebra (order of operations, exponents, square roots, absolute value); problem solving; basic scientific notation

LANGUAGE: word usage, sentence formation, paragraph development, capitalization, punctuation, writing conventions, spelling

It is highly recommended that you review the basic math and language skills mentioned above before you take your TABE test. Below are some helpful websites:

Sample TABE test: http://www.tmaarc.org/pdfs/TABE_book4web.pdf

TABE Study Guide: <http://www.studyguidezone.com/pdfs/tabeteststudyguide.pdf>

TABE Self-Assessment Modules: http://www.testprepreview.com/tabe_practice.htm

Math: www.math.com

Math: <http://www.khanacademy.org>

Punctuation: <http://www.is.wayne.edu/mnissani/cr/punctuation.pdf>

Capitalization: <http://www.libraryonline.com/default.asp?PID=48>

Sentences & paragraphs: <http://grammar.ccc.commnet.edu/grammar/paragraphs.htm>

**Department of
Human Resources**

80 West Flaming Gorge Way
Green River, WY 82935

Phone: (307)-872-3910
(307)-922-5429

Fax: (307)-872-3996

e-mail: swchr@sweet.wy.us

Sweetwater County

Application for Employment

An Equal Opportunity Employer M/F/H/V

DATE OF APPLICATION _____

Please complete all items thoroughly and legibly on application blank. Please **do not** substitute a resumé for **any** section of this application.

CONTACT INFORMATION

NAME _____ SOC. SEC. NO. _____
Last First Middle

ADDRESS _____
Street City State Zip Code

TELEPHONE NUMBER () _____ - _____ E-MAIL ADDRESS: _____

EMPLOYMENT INTERESTS

POSITION(S) APPLIED FOR _____ SALARY DESIRED _____

Name of organization or person who referred you _____

Your association or relationship to referral source _____

AVAILABILITY

Are you legally eligible for employment in this country? Yes No
(Proof of eligibility will be required upon employment.)

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you presently employed? Yes No Date available for work _____

Are you on lay-off and subject to recall? Yes No

Are you available to work: Full Time Part Time Temporary Shift Work

Available for overtime as needed? Yes No

Available for travel as needed? Yes No

Driver's License Number (if required by job) _____ State _____ Class (Type) _____
(For Driver positions only, a copy of your current motor vehicle record **and** a list of your traffic violations for the past three years **must** be attached.)

Are you bondable? (Answer only for those positions requiring bonding.) Yes No

Have you been convicted of a felony within the past seven years? Yes No
(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain _____

EMPLOYMENT HISTORY Beginning with your **present or last job**, please provide the following information about your employment record. If additional space is needed, please continue with the same format on a separate sheet of paper. Explain any gaps in employment in the "APPLICANT'S NOTES ON EMPLOYMENT" section that follows. Please complete thoroughly and **do not** substitute resumé for this section.

1	Name and Address of Employer and Type of Business	From		To		Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
	Your Job Title and Description of Work You Performed:								
	Telephone								

2	Name and Address of Employer and Type of Business	From		To		Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
	Your Job Title and Description of Work You Performed:								
	Telephone								

3	Name and Address of Employer and Type of Business	From		To		Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
	Your Job Title and Description of Work You Performed:								
	Telephone								

4	Name and Address of Employer and Type of Business	From		To		Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
	Your Job Title and Description of Work You Performed:								
	Telephone								

We will check references with the employers you have listed unless you indicate those you do not want us to

DO NOT CONTACT Employer Number(s) _____
Reason: _____

APPLICANT'S NOTES ON EMPLOYMENT / SKILLS AND QUALIFICATIONS

Please explain any gaps in employment history at left. Also summarize special skills and qualifications acquired from employment or other experiences that relate to the position(s) for which you are applying, as well as licenses, craft cards, certifications held, equipment operated, etc.

EDUCATION

	Elementary School	High School	Undergraduate College/Univ.	Graduate/ Professional
<i>School Name and Location</i>				
<i>Circle Highest Year Completed</i>	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
<i>Dipoloma/Degree</i>				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra-curricular activities.				
Describe any honors you have received.				
State any additional information you feel may be helpful to us in considering your application.				

MILITARY SERVICE TRAINING

Did you receive any job-related training in the United States military? Yes No.

If yes, describe branch of service, dates, and location of such training below:

Blank space for describing military training.

REFERENCES List name, address, and telephone number of three business/work references who are **not** related to you and who are **not** previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name and Address	Telephone	Years Known
	() -	
	() -	
	() -	

I understand and agree that any misrepresentation by me on this application will be sufficient cause for voiding this application or for separating me from the service of the County if I have become employed. I further understand that acceptance of an offer of employment does not create a contractual obligation upon the County to continue to employ me in the future.

I authorize the County to investigate my work performance with my references and with my previous employers, (*except as noted*), and to investigate other such records, (*e.g.*, motor vehicle operator records, criminal records *etc.*), pertinent to the job(s) for which I have applied. I hereby release from liability the County and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

I understand and consent to physical examinations, including drug and alcohol screenings, and other tests/evaluations, *etc.* that may be required to certify my suitability for the work for which I have applied, and I release from liability the County and its representatives for any legitimate actions it takes relating to the results of such tests. I also understand that refusal to submit to the physical and drug screening will constitute voluntary withdrawal of my application for employment. I also understand that the County may refuse to hire me as a result of the examination, and I agree to hold the County harmless for such refusal.

If I become employed, I also agree to such physical examinations, including drug and alcohol screenings, and other tests/evaluations, *etc.* as reasonably may be required to certify my continuing suitability for any work which I may encounter while an employee of the County. I further agree to hold the County harmless for the consequences of such examinations, screenings, tests, *etc.*

Signature of Applicant _____ Date _____

(Application is incomplete and invalid without signature.)

The County considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, or any other legally protected status.

APPLICANT DATA SURVEY

VOLUNTARY - (For statistical use by Human Resources Office only)

As an Equal Opportunity Employer, the Sweetwater County complies with applicable EEO regulations. We consider all applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job-related disability, or any other legally protected status.

The purpose for this Data Survey is to compile gender, ethnicity, disability and veteran status of all applicants for equal employment opportunity purposes. If an applicant elects not to respond to this questionnaire, his/her individual EEO categories will be based on the best information available. This data is **not** part of your official application for employment. It is considered confidential information that will **not** be used in any hiring decision.

NAME _____
Last First Middle

POSITION(S) APPLIED FOR _____ DATE _____

Name of organization or person who referred you _____

Your association or relationship to referral source _____

Check One: Male Female

Date of Birth: _____

Month Day Year

Please check one of the following EEO categories:

Disabled Person* Yes No

- (1) Black (Non-Hispanic)
- (2) Hispanic
- (3) Asian, Indian or Pacific Islander
- (4) American Indian/Alaskan Native
- (5) White (Non-Hispanic)
- (6) Other (please specify) _____

***ADA Definition of Disabled Person:** Any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Please check one of the following Veteran categories:

- Vietnam Era Veteran
- Other Protected Veteran
- Special Disabled Veteran
- Recently Separated Veteran

Vietnam Era Veteran: (1) Served in the military, ground, naval or air service of the United States on active duty for a period of more than 180 days, and was discharged or released with other than a dishonorable discharge, if any part of such active duty occurred: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964 and May 7, 1975 in all other cases; or (2) Was discharged or released from active duty for a service connected disability if any part of such active duty was performed: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964, and May 7, 1975, in all other cases.

Special Disabled Veteran means (1) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent if it has been determined that the individual has a serious employment disability; or (2) A veteran who was discharged or released from active duty because of a service-connected disability.

Other Protected Veteran includes 1) veterans who served in a "war." Since the last declaration of war issued by Congress initiated World War II, veterans with active duty service between December 17, 1941 and April 2, 1952 are considered veterans of World War II; and 2) those veterans who served in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.

Recently Separated Veteran includes veterans who have been discharged or released from active duty within a one-year period. The Workforce Investment Act defines recently separated veterans as any veteran who applies for participation under the Veterans Workforce Investment Act training within 48 months after the discharge or release from active military, naval, or air service.

This form is to be separated from completed employment application by Human Resources Department.

Revised 4/30/2003

RELEASE OF INFORMATION

I understand that I am taking the TABE evaluation as part of the application process for employment with Sweetwater County Sheriff's Office.

As such, I, _____, do hereby authorize the Western Wyoming Community Adult Learning Center to release the results of my TABE test scores to the following:

Sweetwater County Human Resources Office
80 W. Flaming Gorge Way, Suite 17
Green River, WY 82935
FAX: 307-872-3996
swchr@co.sweet.wy.us

Applicant Signature

Date

Please check one:

Test Number Form 9A Form 10A

Reading: _____

Math Comp.: _____

Math App.: _____

Total Math: _____

Language: _____

Lang. Mech.: _____

Vocab: _____

Spelling: _____

SWEETWATER

C·O·U·N·T·Y

Mike Lowell- Sheriff

Administrative Section
Captain Rick Hawkins

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Captain Brett Stokes

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Captain Jason Love

**Sweetwater County Sheriff's Office
Authorization to Release Information**

Applicant's Name _____

Instructions: Read and initial each of the following:

1. _____ I understand that I am applying for a sensitive position in law enforcement with the Sweetwater County Sheriff's Office (SCSO), and acknowledge that the burden of providing my qualifications for such employment is at all times upon me. I further understand that a full investigation will be made into my background, character and financial responsibility by the SCSO. This authorization and request is given freely and without duress, voluntarily waiving any protection against unauthorized disclosure of information under the Privacy Act and other similar legal provisions.
2. _____ I hereby authorize and direct all persons to whom this request is presented, having information relating to or concerning me, to furnish such information to a duly appointed officer of the SCSO, whether or not such information would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege.
3. _____ I hereby authorize and direct all person to who this request, if presented, having documents relating to or concerning me to permit a duly appointed officer of the SCSO to review and copy such documents, whether or not such documents would otherwise be protected from disclosure by any constitutional, statutory, or common law privilege, including but not limited to Attorney/Client privilege.
4. _____ If the person to whom this request is presented is a brokerage firm, bank, savings and loan or other financial institution, or an officer of same, I hereby authorized and direct that a duly appointed officer of SCSO be permitted to review and obtain copies of any and all documents, records or correspondence pertaining to me, including, but not limited to, past loan information, notes co-signed by me, checking account records, savings, deposit records, passbook records, and general ledger folio sheets.
5. _____ If the person to whom this request is presented is a criminal justice agency or repository of records of criminal history whether within or without the State of Wyoming. I hereby authorize and direct that a duly appointed officer of the SCSO be permitted to review and obtain copies of any and all documents, records, investigations, photographs or other information pertaining to me, including but not limited to arrests, charges, convictions, dispositions, investigative, internal investigations and intelligence information, records of licensing and work permit agencies.
6. _____ I do hereby make, constitute and appoint any duly appointed officer of the SCSO designated to conduct background investigations, my true and lawful attorney in fact for me in my name, place and stead, and on my behalf and for use and benefit:
 - (a) to request, review, copy, sign or otherwise act for investigative purposes with respect to documents and information in the possession of the person to whom this request is presented as I might or could do if personally present;
 - (b) to name the person or entity to whom this request is presented and insert the person's name in the appropriate location on this request, or copy hereto, and;
 - (c) to place the name of the SCSO officer presenting this request in the appropriate location of this request or copy hereof.

7. _____ I grant to said attorney in fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper or necessary to be done in the exercise of any of the rights and powers herein granted, as fully to all intents and purposes as I might or could do if personally present, with full power of substitution or revocation, hereby ratifying and confirming all the said attorney in fact, or his substitute or substitutes, shall lawfully do or cause to be done by virtue of this power of attorney and the rights and powers herein granted.

8. _____ The power of attorney ends eighteen months from the date of execution or at such time the application is no longer being considered, whichever comes first.

9. _____ I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release remise and forever discharge the person to whom this request is presented, and his agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the person to whom this request is presented, or his agents or employees, arising out of or by reason of complying with the request.

10. _____ I do, for myself, my heirs, executors, administrators, successors, and assigns, hereby release remise and forever discharge the SCSO, and its agents and employees, from any and all manner of actions, claims and demands whatsoever, known or unknown, in all or equity, which I ever had, now have, may have to claim to have against the SCSO, or its agents or employees, arising out of or by reason of complying with request.

11. _____ A reproduction of this request by Xerox or similar process shall be for all intents and purposes as valid as the original.

12. _____ I understand that falsifying my application or provided statements is grounds for termination, if hired, or disqualification if an applicant.

13. _____ I understand that I am not entitled to any information gathered by the Sweetwater County Sheriff's Office pursuant to this release and background investigation.

14. _____ I acknowledge that I have read the foregoing and understand the content and import thereof.

In witness whereof, I have executed this request on the _____ day of _____, 20 _____.

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Printed Name

Signature

Notary Public in and for said County and State

Commission Expires:

Signature of the Sweetwater County Sheriff's Office presenting this request

Person to who copy presented

Date

SWEETWATER

C•O•U•N•T•Y

Mike Lowell- Sheriff

Administrative Section
Captain Rick Hawkins

Detention Section
Captain Brett Stokes

Operations Section
Captain Jason Love

AUTHORIZATION TO RELEASE
MILITARY RECORDS

I have applied for a position with the Sweetwater County Sheriff's Office. Therefore, I hereby authorize the Sweetwater County Sheriff's Office 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 Sweetwater County Sheriff's Office information or photocopies from my military personnel records. This includes, but is not limited to, photocopies of my **undeleted** DD-214, DD-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 _____ day of _____, 20____.

Notary Public

My Commission expires: _____

SWEETWATER

C•O•U•N•T•Y

Mike Lowell- Sheriff

Administrative Section
Captain Rick Hawkins

Detention Section
Captain Brett Stokes

Operations Section
Captain Jason Love

I, _____, give my permission for the Sweetwater County Sheriff's Office Background Investigators to have access to my personal social networking accounts. If my accounts are set to "private" I will log into the account in the presence of the Background Investigator and allow him or her to review the contents of the account(s). Access to the account(s) must be granted immediately upon request.

I understand that the information present on my personal social networking account(s) is part of my background investigation. Any information that is racist, sexist or would bring discredit upon my candidacy for the position that I am applying for, may disqualify me from further consideration with the Sweetwater County Sheriff's Office.

I understand that refusal to allow the Sweetwater County Sheriff's Office Background Investigators access to my personal social networking account(s) could disqualify me from further consideration for employment with the Sweetwater County Sheriff's Office.

By signing this document, I am agreeing to provide the Sweetwater County Sheriff's office immediate access to my personal social networking account(s).

- I do not have a social networking account.
- I authorize the Sweetwater County Sheriff's Office access to my social networking account(s).
- I do not authorize the Sweetwater County Sheriff's Office access to my social networking account(s).

Candidate Signature

Date

Witness

Date

Social Networking Account Name(s) _____

SWEETWATER

C•O•U•N•T•Y

Mike Lowell- Sheriff

Administrative Section
Captain Rick Hawkins

Detention Section
Captain Brett Stokes

Operations Section
Captain Jason Love

To: Sweetwater County Sheriff's Office Applicants
From: Mike Lowell, Sheriff
Subject: Truthfulness

One of the most critically important issues which determines the effectiveness of any organization is credibility. As such, the integrity and truthfulness of every member of an organization is vital.

The need for an honest, impartial, and accurate representation of facts is especially critical within a law enforcement agency, including the Sweetwater County Sheriff's Office. The success or failure of our agency rests with the degree of public support we receive. However, public support is quickly eroded when a lack of credibility exists, even with one member of the agency.

The very basis of an individual's integrity, as perceived by the public, by friends, and by fellow workers, is at stake when the individual fails to tell the complete truth. The loss of integrity by one individual or a group of individuals can be quickly spread throughout an agency, causing the agency to lose its viability as a trusted organization and hamper its ability to function effectively.

As Sheriff, I am responsible for maintaining the effectiveness of the Sweetwater County Sheriff's Office as a viable law enforcement agency. Therefore, I will not tolerate false or misleading statements of any kind by uniformed and civilian personnel nor applications of this Agency.

Any statement, either written or verbal, given by any applicant with the intent to deceive or mislead will result in rejection from further consideration for employment with this agency. Moreover, any applicant that is hired and is later found to have submitted false information, may be terminated from employment for cause.

I have read this memorandum. I agree and affirm all information I supply during the course of my application and future employment (if hired) will be answered honestly and truthfully and will contain no omissions nor false or misleading statements.

Applicant name printed in full _____

Applicant Signature _____ Date Signed _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Public in the for said County & State
Commission Expires:

APPLICATION FOR CHILD ABUSE/NEGLECT AND ADULT CENTRAL REGISTRY SCREENS

Background checks on volunteers, prospective employees, or an employee who has or may have unsupervised access to minors or vulnerable adults may be screened. Note: According to W.S. 14-3-214, "the applicant shall use the information received only for screening prospective employees and volunteers."

Instructions:

- 1) Complete page one and page two of this form ensuring the Authorization of Release of Information is signed and dated by the person being screened.
- 2) Authorization is only valid for thirty (30) days from the date signed.
- 3) A ten dollar (\$10) fee is required for each individual screened. Include a check or money order.
- 4) Submit a self-addressed envelope with the request. Postage is not required but is appreciated.
- 5) For accuracy purposes, please attach a typed list of the names, dates of birth and social security numbers, for all individuals being screened.
- 6) **Incomplete forms and requests not accompanied by a check or money order and self-addressed envelope will be returned unprocessed.**
- 7) **Only applications with original signatures will be accepted. Electronic signatures are not accepted.**
- 8) The SS-26 Form will be returned to the agency requesting the screen within ten (10) business days of receipt.

Mail application to:

Department of Family Services
Central Registry
2300 Capitol Ave, 3rd Floor
Cheyenne, WY 82002

Note: Central Registry screens are specific to the State of Wyoming. For adult protection screens, you may also consider checking the Board of Nursing and Office of Health Licensing and Survey registries

*****The Department of Family Services no longer conducts Wyoming Criminal Record Prescreens.*****

To be Completed by Organization/Facility (Print clearly)

Name of person being screened _____

Organization/agency requesting check _____

Contact person for requesting organization/agency _____

Mailing Address _____

City _____ State _____ Zip _____

Phone (____) _____

Email _____@_____

Please verify SSN and DOB with a driver's license or other means of identification and obtain a copy for your records.
Please do not send the copies with this form.

For DFS Office Use only

Date Completed _____ Reference Number _____

Check Number _____ Money Order Number _____

Person being screened listed on the DFS Abuse/Neglect Central Registry? YES NO

Central Registry Specialist initials _____ DB _____

SS-26 6/3/2015

AUTHORIZATION OF RELEASE OF CHILD OR VULNERABLE ADULT WYOMING CENTRAL REGISTRY INFORMATION

To Be Completed by Person Being Screened (Please type or print legibly in ink.)

I hereby authorize the Wyoming Department of Family Services to conduct a Wyoming Central Registry Record Search to check for abuse, neglect and exploitation of children or vulnerable adults. I agree to provide the following information and any other information needed to initiate the background check. I understand that any falsification of information or substantiated abuse or neglect activities may be the grounds for termination of employment.

Full Legal Name _____

Maiden Name _____ Aliases _____

Social Security Number _____ Date of Birth _____

Ethnicity

- Caucasian
- Hispanic
- Black

- Native American
- Asian
- Other _____

Gender: Male Female

Current Address _____

City _____ State _____ Zip _____ Phone _____

List All Addresses for the past ten (10) years

"Voluntarily" List Names of Your Children (This information assures accuracy of the screen)

In the course of my duties, I will have unsupervised access to

Children _____ Adults _____ Both Children and Adults _____

I hereby authorize the results of this check be provided to the Organization/Agency identified on Page 1 of this form. If this application is being made as a requirement of a child placing agency, therapeutic foster care, and/or an adoption agency, I hereby authorize the requesting agency to provide the results of this check to the Department of Family Services.

AUTHORIZATION IS VALID 30 DAYS FROM THE DATE SIGNED

Signature of Person Being Screened

Date

*Pursuant to W.S. 14-3-214(f) and W.S. 35-20-116(a), any applicant receiving a report that a prospective employee/volunteer is "under investigation", shall be notified of the final determination of that investigation. A second screen result will be sent to the Organization/Agency on Page 1 when a final determination is made in these cases.

Instructions to the applicant:

The information you provide in this Personal History Statement will be used to assist in determining your suitability for employment with the Sweetwater County Sheriff's Department. An extensive background investigation will be conducted into your personal history prior to 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 may be conditioned upon your successful completion of a physical agility test, a polygraph examination, a medical 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.

Keep in mind that:

1. The completion of this questionnaire is mandatory as authorized by the regulations of the Wyoming Peace Officers Standards and Training (P.O.S.T.) Commission.
2. All statements are subject to verification.
3. Deliberate inaccuracies or incomplete statements will bar or remove you from any consideration for employment.
4. 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.

If you do not complete the application on a computer, please print your responses to this questionnaire in ink. **DO NOT** have another person make entries for you. If a question does not apply to you, type or 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 waiver at the end of this packet carefully and have your signature notarized.

The contents of this questionnaire will be considered confidential and will be used only for investigating employment suitability with the Sweetwater County Sheriff's Department 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 all attachments, to the Sweetwater County Human Resources Department, either by mailing or in person at the main desk, located at:

Sweetwater County Human Resources

80 W. Flaming Gorge Way, Suite 17, Green River, WY 82935

Note: Please return ALL PAGES and sign pages 2 and 23

Any questions you may have regarding the completion of this packet may be addressed by contacting Lt. Jason Love at (307) 922-5307.

I have read and completely understand the above statement.

Signature of Applicant

Date

Required Documents:

Attach copies, unless 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
- _____ 3. Transcripts from colleges or universities
- _____ 4. Military discharge papers. (MUST include discharges status-long form)
- _____ 5. Citizenship or naturalization papers
- _____ 6. Certified copy of your birth certificate
- _____ 7. All marriage licenses and divorce papers
- _____ 8. Name change documents
- _____ 9. Peace Officer Standards and Training certificate or graduation from a police academy
- _____ 10. Original credit report
- _____ 11. Polygraph examination

Other Documents

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

2. **Mandatory:** A full face photograph of yourself, no smaller than 2.5” x 2.5”. This photo must have been taken within the last three months. This photo will be used in identifying you during interviews conducted during the background investigation. Submit photo with personal history.

Personal Information

The following information is required of you, for verification and contact purposes. Should space on the form be insufficient to provide complete information, attach additional pages, insuring that the additional pages cross-reference the question number.

1. Your Name (Please Print or Type)

Last	First	Middle

List other names you have used or have been known by. Include maiden names, married or adopted names, or nicknames.

--

2. List the physical address of the residence where you live:

Number	Street	City	State	Zip Code

List your mailing address if different than your physical address:

Number	Street	City	State	Zip Code

3. List telephone number(s) and e-mail address at which you can be contacted and the hours when you will be available at these numbers.

Home		Available	
Work		Available	
Pager or Message		Available	
Cell		Available	
E-Mail			

4. Date of Birth

Month	Day	Year

Place of Birth

City	County	State

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	<input type="checkbox"/>	No	<input type="checkbox"/>
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6. Social Security Number: In Accordance with the Federal Privacy Act of 1974, disclosure is voluntary. This information will be used for identification purposes to ensure that proper records are obtained.

SSN	<input type="text"/>
-----	----------------------

7. 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 positions. Inquires will be confirmed to job relevant matters.

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

Name	Complete address where person can be contacted. Include city, state, and zip code	Telephone	
Father:			
Mother:			
Father-In-Law:			
Mother-In-Law:			
Spouse/Fiance`:		DOB:	
		Phone:	
		Date Married:	
Former Spouse(s)/Fiance`:		DOB:	
		Phone:	
		Date Divorced:	
Former Spouse(s)/Fiance`:		DOB:	
		Phone:	
		Date Divorced:	
Domestic Partner:		DOB:	
		Phone:	
Brother(s)/Sister(s):		Age:	Phone:
		Age:	Phone:
		Age:	Phone:

		Age:	Phone:
		Age:	Phone:
Stepfather:			
Stepmother:			
Stepbrother(s)/Stepsister(s):		Age:	Phone:
		Age:	Phone:
		Age:	Phone:

List all offspring: (Please indicate "son" or "daughter" and whether natural, adopted, from another marriage, etc. List current age, address and phone number as above.)

Other ADULT relatives with whom you have a close personal relationship

Full Name/Relationship	Complete address where person can be contacted. Include city, state, and zip code	Telephone

9. 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.*

Full Name/Relationship	Complete address where person can be contacted. Include city, state, and zip code	Telephone

10. Below, please list as reference three to five individuals who have knowledge of you and your qualifications. *Exclude relatives, former employers, and friends.*

Full Name/Relationship	Complete address where person can be contacted. Include city, state, and zip code	Telephone

11. Please list three to five individuals who are 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.*

Full Name/Relationship	Complete address where person can be contacted. Include city, state, and zip code	Telephone

Residences

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

12. Please list below all of your residences during the last 10 years (*list no information prior to your 15th birthday*). Begin with your most current residence and proceed backward. If a residence was rented, give the landlord's name, address and phone number.

Address of Residence	City, State, Zip	Dates		If rented-name, address and phone of landlord.
		To	From	

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

Name	Address	Telephone

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

Yes		No	
If yes, explain:			

Education

The Commission on Peace Officer Standards and Training requires a peace officer to possess a high school diploma or its equivalent.

15. Please indicate your current situation with regard to this requirement.

	I possess a high school diploma.		
	I passed the GED (General Education 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:		
	What:	How:	

16. College Degrees:

	I possess a two-year college degree
	I possess a four-year college degree
Type of Degree(s):	

During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school record may be made in conjunction with those contacts.

17. Please indicate below all the schools you have attended, beginning with high school.

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

18. 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	
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If yes, please explain (include school, date, and circumstances):

Experience & Employment

Your employment history is a critical part of your background investigation. Should you need to list additional experience/employment information, please use an additional sheet of paper and continue in the EXACT same format as below.

19. 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		Complete Name & Address of Employer	Name of Supervisor		
From Mo./Yr.	To Mo./Yr.		Name(s) of Co-Worker(s)		
		Phone Number:			
			Title or Duties:		
		Full Time			
		Part Time			
		Voluntary			
Beginning Salary:			Ending Salary:		
Detailed Reason for Leaving:					

	Military		Not Employed	From Mo./Yr.		To Mo./Yr.	
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Dates of Employment		Complete Name & Address of Employer	Name of Supervisor		
From Mo./Yr.	To Mo./Yr.		Name(s) of Co-Worker(s)		
		Phone Number:			
			Title or Duties:		
		Full Time			
		Part Time			
		Voluntary			
Beginning Salary:			Ending Salary:		
Detailed Reason for Leaving:					

	Military		Not Employed	From Mo./Yr.		To Mo./Yr.	
--	----------	--	--------------	--------------	--	------------	--

Dates of Employment		Complete Name & Address of Employer		Name of Supervisor	
From Mo./Yr.	To Mo./Yr.			Name(s) of Co-Worker(s)	
		Phone Number:			
		Full Time	Title or Duties:		
		Part Time			
		Voluntary			
Beginning Salary:			Ending Salary:		
Detailed Reason for Leaving:					

	Military		Not Employed	From Mo./Yr.		To Mo./Yr.	
--	-----------------	--	---------------------	---------------------	--	-------------------	--

Dates of Employment		Complete Name & Address of Employer		Name of Supervisor	
From Mo./Yr.	To Mo./Yr.			Name(s) of Co-Worker(s)	
		Phone Number:			
		Full Time	Title or Duties:		
		Part Time			
		Voluntary			
Beginning Salary:			Ending Salary:		
Detailed Reason for Leaving:					

	Military		Not Employed	From Mo./Yr.		To Mo./Yr.	
--	-----------------	--	---------------------	---------------------	--	-------------------	--

Dates of Employment		Complete Name & Address of Employer		Name of Supervisor	
From Mo./Yr.	To Mo./Yr.			Name(s) of Co-Worker(s)	
		Phone Number:			
	Full Time	Title or Duties:			
	Part Time				
	Voluntary				
Beginning Salary:			Ending Salary:		
Detailed Reason for Leaving:					

	Military		Not Employed	From Mo./Yr.		To Mo./Yr.	
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Dates of Employment		Complete Name & Address of Employer		Name of Supervisor	
From Mo./Yr.	To Mo./Yr.			Name(s) of Co-Worker(s)	
		Phone Number:			
	Full Time	Title or Duties:			
	Part Time				
	Voluntary				
Beginning Salary:			Ending Salary:		
Detailed Reason for Leaving:					

	Military		Not Employed	From Mo./Yr.		To Mo./Yr.	
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Dates of Employment		Complete Name & Address of Employer		Name of Supervisor	
From Mo./Yr.	To Mo./Yr.			Name(s) of Co-Worker(s)	
Phone Number:					
	Full Time	Title or Duties:			
	Part Time				
	Voluntary				
Beginning Salary:			Ending Salary:		
Detailed Reason for Leaving:					

	Military		Not Employed	From Mo./Yr.		To Mo./Yr.	
--	-----------------	--	---------------------	---------------------	--	-------------------	--

Dates of Employment		Complete Name & Address of Employer		Name of Supervisor	
From Mo./Yr.	To Mo./Yr.			Name(s) of Co-Worker(s)	
Phone Number:					
	Full Time	Title or Duties:			
	Part Time				
	Voluntary				
Beginning Salary:			Ending Salary:		
Detailed Reason for Leaving:					

	Military		Not Employed	From Mo./Yr.		To Mo./Yr.	
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Dates of Employment		Complete Name & Address of Employer		Name of Supervisor	
From Mo./Yr.	To Mo./Yr.			Name(s) of Co-Worker(s)	
Phone Number:					
	Full Time	Title or Duties:			
	Part Time				
	Voluntary				
Beginning Salary:			Ending Salary:		
Detailed Reason for Leaving:					

	Military		Not Employed	From Mo./Yr.		To Mo./Yr.	
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Dates of Employment		Complete Name & Address of Employer		Name of Supervisor	
From Mo./Yr.	To Mo./Yr.			Name(s) of Co-Worker(s)	
Phone Number:					
	Full Time	Title or Duties:			
	Part Time				
	Voluntary				
Beginning Salary:			Ending Salary:		
Detailed Reason for Leaving:					

	Military		Not Employed	From Mo./Yr.		To Mo./Yr.	
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Dates of Employment		Complete Name & Address of Employer		Name of Supervisor
From Mo./Yr.	To Mo./Yr.			Name(s) of Co-Worker(s)
		Phone Number:		
	Full Time	Title or Duties:		
	Part Time			
	Voluntary			
Beginning Salary:			Ending Salary:	
Detailed Reason for Leaving:				

<input type="checkbox"/>	Military	<input type="checkbox"/>	Not Employed	From Mo./Yr.	<input type="checkbox"/>	To Mo./Yr.	<input type="checkbox"/>
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20. If you have not had prior employment, please explain below:

21. Have you ever been involuntarily terminated from a job (including layoffs, firings, forced or requested resignations, or probationary release)?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please give details (include when, name of agency, and circumstances):

22. Have you ever applied, successfully or unsuccessfully, for another position with any law enforcement agency?

Yes		No	
-----	--	----	--

If yes, please provide the year and agency, and check off the processes which you completed and whether you were disqualified or hired:

Year	Agency	Written	Physical Agility	Background	Polygraph	Psych	Medical Exam	Disqualified or Hired

23. 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, please explain:

24. Have you ever engaged in any sexual activity on-duty or at work?

Yes		No	
-----	--	----	--

If yes, please explain:

25. Have you had any extended work absences for reasons other than earned vacations?

Yes		No	
-----	--	----	--

If yes, please explain (include when, name of employer, and why):

26. 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 detail of each incident:

Date:		Nature of Complaint:	
Date:		Nature of Complaint:	
Date:		Nature of Complaint:	

Were the complaints against you sustained?

Yes		No	
-----	--	----	--

If yes, what discipline was imposed?

27. 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:

28. List other person employed in law enforcement who may be familiar enough with you as to offer an opinion on your suitability in law enforcement. Also, list any Sweetwater County Sheriff's Office employees you know.

Name	Agency	Telephone

Military Service

30. Have you registered with the selective service?

Yes		No	
-----	--	----	--

If yes, when?

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 currently 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, and circumstances*):

--

Past commanding officers or military acquaintances are potential sources of relevant information pertaining to your background.

35. Below, please list those individuals who know you well enough to provide accurate information about you.

Name/Rank	Address	Telephone	From	To

Financial

The management of personal finances is relevant to an individual’s qualifications for the position. The amount of indebtedness in itself will not be used in evaluating your qualifications, but rather the behavior exhibited in meeting your financial obligations.

36. Please fill in the financial statement below completely and accurately.

Currently Monthly Income		Current Monthly Expenditures	
Monthly Salary		Mortgage Payment(s)	
Spouse's Salary		Rent	
Other Monthly Income		Other Monthly Payments	
		Estimated monthly cost of living (include utilities, food, gasoline, home & car maintenance, etc.) and any other obligations.	
Total Monthly Income		Totally Monthly Expenditures	

Current Assets		Current Liabilities	
Savings		Mortgage(s)	
Checking Balance		Automobile Loan(s)	
Real Estate (appraised or assessed value)		Charge Account(s) (Total)	
Stocks & Bonds		Other Liabilities (describe)	
Life Insurance (case value)			
Automobiles			
Other Assets (describe)			
Total Assets		Total Liabilities	

42. Have you ever been or are you now delinquent on any court ordered payment(s)? (i.e. child support, alimony, etc.)

Yes		No	
-----	--	----	--

If yes, explain:

43. Please list any other financial situations or circumstance that you feel may need to be explained before the background investigation:

44. Have you ever been delinquent on income or other tax payments?

Yes		No	
-----	--	----	--

If yes, please give details (include when, where, and why):

Legal

Your involvement in any civil and criminal proceedings may have a direct bearing on your legal eligibility to hold a position with the Sweetwater County Sheriff’s Office. 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. Exclude traffic citations or infractions in this category.

Approximate Date	Police Agency/Location	Circumstances

46. Have you ever been convicted of or pled guilty to any criminal offense, including military court martial?

Yes		No	
-----	--	----	--

If yes, please 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, and 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, and why*):

49. Have you ever been reported to a law enforcement agency as a missing person or runaway?

Yes		No	
-----	--	----	--

If yes, please give details (*include date, law enforcement agency, and circumstances*):

50. Have you ever been sued in court or have you ever sued anyone else in court? (*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.*)

Yes		No	
-----	--	----	--

If yes, please explain:

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 case payment to the other party?

Yes		No	
-----	--	----	--

If yes, please explain:

52. Have you ever been the subject of any federal or state civil rights investigation?

Yes		No	
-----	--	----	--

If yes, please explain:

53. Have you ever been the subject of a civil restraining order, protection order, or no contact order?

Yes		No	
-----	--	----	--

If yes, please explain:

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, please explain:

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

	Hunting/Fishing Without License		Resisting Arrest
	Harassing Phone Calls		Hit & Run (No Injuries)
	Possession of Controlled Substance(s)		Driving Under the Influence (DUI)
	Poaching		Trespassing
	Petty Theft/Shoplifting		Joyriding
	Impersonating a Police Officer		Vandalism
	Concealing a Weapon Without a Permit		Domestic Battery
	Indecent Exposure		Possession of Stolen Property
	Disorderly Conduct		Possession of False Identification
	Prostitution		Brandishing a Weapon
	Illegal Gambling		Soliciting a Prostitute
	Assault/Battery		Other
Explain Other:			

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

	Cultivation/Manufacture/Possession of Controlled Substance	
	Murder	Forgery
	Rape	Auto Theft
	Embezzlement	Child Abuse
	Arson	Domestic Violence
	Robbery	Other Sexual Assault
	DUI	Hit & Run (With Injuries)
	Burglary	Possession of Stolen Property
	Aggravated Assault	Cultivation/Manufacture
	Grand Theft	Other
Explain Other:		

57. Have you ever been required to register as a Sex Offender?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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.

60. To expedite this procedure, please supply the following information:

Driver's License Number	State	Expiration Date	Name as Printed on License

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 (*include when, where and why*):

63. Has your driver's license been suspended or revoked or placed on negligent operator's probation or restriction?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If yes, please explain (*include when, where and circumstances*):

64. Has your driver's license ever been revoked for late or non-payment on child support?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If yes, please explain (*include when, where and circumstances*):

65. Have you ever operated a motor vehicle while YOU believe you were under the influence of alcohol and/or drugs?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

If yes, explain:

Wyoming law requires that operators and owners of motor vehicles be covered by automobile liability insurance.

66. Please list the current liability insurance you have with your motor vehicles:

Company	Address	Policy Number	Exp. Date

67. Has your automobile insurance ever been cancelled?

Yes		No	
-----	--	----	--

If yes, give reason:

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

Nature of Violation	Location (city/state)	App. Date	Disposition

69. Have you ever been charged with Failure to Appear or Pay as a result of a citation you received?

Yes		No	
-----	--	----	--

If yes, give details:

70. Do you have any vehicle(s) currently licensed in Wyoming?

Yes		No	
-----	--	----	--

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

Year	Make	Model	License	VIN#

71. Have you been involved as a driver in a motor vehicle accident in the last 7 years?

Yes		No	
-----	--	----	--

If yes, please give details for each accident:

Date		Location		Injury	Non-Injury
Police Investigation?		Police Agency		Injury	Non-Injury
Yes	No				
Date		Location		Injury	Non-Injury
Police Investigation?		Police Agency		Injury	Non-Injury
Yes	No				
Date		Location		Injury	Non-Injury
Police Investigation?		Police Agency		Injury	Non-Injury
Yes	No				
Date		Location		Injury	Non-Injury
Police Investigation?		Police Agency		Injury	Non-Injury
Yes	No				

72. Has your driver's license ever been suspended, revoked, or placed on negligent operator's probation?

Yes		No	
-----	--	----	--

If yes, give details (*what, when, where, and why*):

73. Has your driver's license ever been suspended for failure to appear for a scheduled court date?

Yes		No	
-----	--	----	--

If yes, explain:

74. 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, address, date and reason*):

75. 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.

76. 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	
Name of Law Enforcement Agency				
Date:		Purpose:		

77. 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:

78. Have you ever been implicated in the sexual harassment of a superior, co-worker, or subordinate employee?

Yes		No	
-----	--	----	--

If yes, explain:

79. 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, person injured or killed as a result of your duties, claims of false arrest, unlawful imprisonment, excessive use of force, etc.*)?

Yes		No	
-----	--	----	--

If yes, explain:

80. Are you now, or have you ever been, a member of a 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. Are you willing to work all hours of the day, all days of the week, holidays and overtime when assigned?

Yes		No	
-----	--	----	--

82. 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	
-----	--	----	--

83. Do you have anything in your background that may disqualify you from becoming an employee of the Sweetwater County Sheriff's Office?

Yes		No	
-----	--	----	--

If yes, please explain:

84. Have you used, tried, or in any way introduced into your body by any means:

Drug	Yes	No	Date First Used	Date Last Used	Used Once
Marijuana					
Synthetic Cannabinoids (Spice)					
Bath Salts					
Hashish, Hashish Oil					
Cocaine					
Crack, Rock, Ice					
Barbiturates, Hypnotics or Downers					
Amphetamines (Cross Tops, Whites, Bennies, Uppers)					
Methamphetamines (Speed, Crank)					
LSD or Other Hallucinogens					
PCP (Angel Dust, Mushrooms)					
Heroin or other Opiates					
Steroids					
Pharmaceutical drugs not prescribed to you.					

Drug 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 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 drugs at work?		
Are any illegal drugs presently in your home or car?		

85. Explain any "yes" answer to the "Drug Use Questionnaire" in detail below, to include when, where, what kind of drug, how taken, and circumstances:

86. Is there anything we have not discussed which YOU believe would have an effect on your background investigation?

Yes		No	
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If yes, please explain:

87. We will be conducting an extensive investigation into your suitability for employment with the Sweetwater County Sheriff's Office. Please describe in complete detail anything else you feel is important for your background investigator to know:

88. Please complete this page and limit your essay answer to this page only.

Question: *"Why do you want this job? How do you think it will benefit you?"*

Optional Information

89. List organizations, 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.

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

91. List the magazines and newspapers to which you currently subscribe.

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

Sweetwater County Sheriff's Office
Physical Fitness Standards for Detention/Patrol Officers

A. POLICY

- (1) It is important that officers meet and maintain an adequate level of overall physical fitness. That law enforcement personnel tend to have serious health risk problems in the areas of obesity, lower back disorders, and cardiovascular diseases and disorders in particular is well documented.
- (2) Physical fitness has been long demonstrated to be a bona fide occupational qualification. Job analyses that account for physical fitness in the areas of aerobic capacity, strength, flexibility, and body weight and body composition have demonstrated that such fitness is a definite underlying factor in determining an officer's physiological readiness to perform a variety of critical physical tasks.
- (3) The Sweetwater County Sheriff's office places a high priority on physical fitness. The county is singularly fortunate in having three excellent public recreation and exercise facilities with a broad range of hours. All personnel are encouraged to take advantage of the services they offer by becoming and remaining involved in a regular exercise program, after consulting their family physician.
- (4) Consistent with standards established by the Wyoming Law Enforcement Academy, suggested levels of overall physical fitness for department personnel are defined in three test areas, which are detailed below.
- (5) Entry standards for the W.L.E.A. Peace Officer and-Detention officer Basic Courses have been established as follows: (1) Each student must meet the 40th percentile level in each category assessed; or (2) Accumulate a 50th percentile average of all categories assessed, with a minimum level of the 25th percentile in any category, as specified in the accompanying charts. Due to these standards, applicants for positions who will be required to attend Peace Officer or Detention Officer Basic who cannot perform this minimum will not be hired.

2. GENERAL INFORMATION

- A.** The physical fitness exam will be conducted by the Sweetwater County Sheriff's Office at a location to be specified at a later date. Applicants should wear appropriate attire for participation in physical activities, i.e. gym shorts/sweatpants, T-shirt, running shoes and gym socks. The physical agility entrance examination will be administered to all applicants. The exam must be passed in order to be accepted into the Academy. Applicants must meet or exceed the minimum standard for each of the four categories.
- B. What is physical fitness?** Physical fitness is a health status pertaining to the individual officer having the physiological readiness to perform maximum physical effort when required. Physical fitness consists of four areas:
- **Aerobic Capacity** or cardiovascular endurance pertaining to the heart and vascular system's capacity to transport oxygen. Low aerobic capacity has been proven to be a risk factor for heart disease.
 - **Strength** pertains to the ability of muscles to generate force. Low strength levels in upper body and abdominal strengths have an important bearing on upper torso and low back disorders.
 - **Flexibility** pertains to the range of motion of the joints and muscles. Lack of lower back flexibility is a major risk area for lower back disorders.
 - **Body weight and body composition** pertain to body mass and the ratio of fat to lean tissue. Excessive fat is a handicap for physical movement and is a serious health risk for many diseases.
- C. How will physical fitness be measured?** The Physical Fitness Assessment consists of three basic tests. Each test has been proven to have scientific validity. The **entry** assessment will be conducted in a two hour session at a designated time prior to the start of the oral boards.

Sweetwater County Sheriff's Office
Physical Fitness Standards for Detention/Patrol Officers

3. PHYSICAL FITNESS TESTS

- A. One-Minute Sit-Up Test:** This is a measure of the muscular endurance of the abdominal muscles. It is an important area for performing police tasks that may involve the use of force and is an important area for maintaining good posture and minimizing lower back problems. The score is calculated by the number of bent leg sit-ups performed in one minute.

When testing applicants for the One-Minute Sit-Up Test who will be required to attend the W.L.E.A. Peace Officer Basic or Detention Officer Basic Courses, testing personnel designated by the sheriff shall use the following guidelines:

- (1) The applicant shall keep the back straight.
- (2) Testing personnel shall aid the applicant by sitting on (and thus anchoring) the applicant's feet.
- (3) The applicant shall keep the hands positioned on the side of the head and should not interlace the fingers behind the neck.
- (4) The applicant should keep his or her chin tucked in.
- (5) A successful Sit-Up is achieved when the elbows reach the applicant's knees.

- B. One-Minute Push-up Test:** This test requires the person to push their own weight off the floor and is used to evaluate upper body endurance strength relative to their body weight. Low levels of muscular endurance indicates inefficiency in movement and a low capacity to perform work. The score is calculated by the number of push-ups performed in 1 minute.

When testing applicants for the One-Minute Push-Up Test who will be required to attend the W.L.E.A. Peace Officer Basic or Detention officer Basic Courses, testing personnel designated by the sheriff shall use the following guidelines:

- (1) The applicant shall place the hands flat on the ground about shoulder distance apart.
- (2) The applicant shall keep the back straight.
- (3) A rolled-up towel shall be placed on the ground beneath the applicant's chest; the applicant's chest must reach the towel for each Push-Up.
- (4) A successful Push-Up is achieved when the applicant raises himself or herself off the floor and the elbows lock.
- (5) Male applicants shall execute conventional Push-Ups on their hands and toes, with the back and the legs generally aligned. Female applicants shall execute Push-Ups on their hands and knees with their toes off the ground.

- C. Twelve-Minute Walk/Run (Aerobic):** This is a timed run designed to measure heart and vascular systems' capability to transport oxygen. It is an important area for performing police tasks involving stamina and endurance and to minimize the risk of cardiovascular problems.

**Sweetwater County Sheriff's Office
Physical Fitness Standards for Detention/Patrol Officers**

4. FITNESS PERFORMANCE REQUIREMENTS CHART

A. Physical fitness performance requirements chart: Male Entry Level (40th percentile)

TEST	40th percentile Entry Level - Male					
Age	20-29	30-39	40-49	50-59	60-69	70-79
1 Minute Sit-up	38	35	29	24	19	19
1 Minute Push-up	29	24	18	13	10	10
1.5 mile Walk/Run	12:29	12:53	13:5	15:14	17:19	19:43

B. Physical fitness performance requirements chart: Female Entry Level (40th percentile)

TEST	40th percentile Entry Level - Female					
Age	20-29	30-39	40-49	50-59	60-69	70-79
1 Minute Sit-up	32	25	20	14	6	6
1 Minute Push-up	23	19	13	12	5	5
1.5 Mile Walk/Run	15:05	15:56	17:11	19:10	20:55	23:47

Note: The minimum physical requirements are based on the Cooper Institute for Aerobics Research - Physical Fitness Norms for Law Enforcement. For additional information, please visit the Cooper Institute web site at <http://www.cooperinst.org>; or visit the Wyoming Law Enforcement Academy's website at <http://www.wleacademy.com>.

AEROBIC FEMALES

%	AGE 20-29		AGE 30-34		AGE 35-39		
	12 Min. Distance	1.5 Mile Time	12 Min. Distance	1.5 Mile Time	12 Min. Run	1.5 Mile Distance	
99	1.78	8:33	1.66	10:05	1.63	10:26	
95	1.61	10:47	1.53	11:49	1.49	12:20	S
90	1.54	11:43	1.45	12:51	1.43	13:07	
85	1.49	12:20	1.43	13:06	1.39	13:36	
80	1.45	12:51	1.38	13:43	1.35	14:07	E
75	1.41	13:22	1.35	14:08	1.32	14:33	
70	1.37	13:53	1.33	14:24	1.29	14:55	
65	1.35	14:08	1.29	14:50	1.26	15:16	
60	1.33	14:24	1.27	15:08	1.24	15:33	G
55	1.31	14:35	1.26	15:20	1.22	15:46	
50	1.29	14:55	1.25	15:26	1.21	15:57	
45	1.27	15:10	1.22	15:47	1.19	16:11	
40	1.25	15:26	1.21	15:57	1.17	16:28	F
35	1.22	15:48	1.17	16:23	1.14	16:41	
30	1.21	15:57	1.16	16:35	1.13	17:00	
25	1.17	16:26	1.13	16:58	1.11	17:14	
20	1.16	16:33	1.11	17:14	1.08	17:37	P
15	1.13	16:58	1.09	17:29	1.05	17:55	
10	1.1	17:21	1.05	18:00	1.03	18:16	
5	1.03	18:14	1.01	18:31	0.98	18:48	VP

AEROBIC FEMALES

%	AGE 40-44		AGE 45-49		AGE 50-54		
	12 Min. Distance	1.5 Mile Time	12 Min. Distance	1.5 Mile Time	12 Min. Run	1.5 Mile Distance	
99	1.61	10:47	1.54	11:38	1.48	12:28	
95	1.45	12:51	1.39	13:36	1.33	14:20	S
90	1.41	13:22	1.35	14:09	1.29	14:55	
85	1.35	14:06	1.29	14:48	1.24	15:29	
80	1.32	14:31	1.26	15:14	1.21	15:57	E
75	1.29	14:57	1.24	15:31	1.2	16:05	
70	1.25	15:76	1.21	15:57	1.17	16:27	
65	1.23	15:41	1.18	16:16	1.14	15:51	
60	1.21	15:57	1.17	16:28	1.13	16:58	G
55	1.19	16:12	1.15	16:43	1.11	17:14	
50	1.17	16:27	1.13	16:56	1.1	17:24	
45	1.16	16:34	1.12	17:02	1.09	17:29	
40	1.13	16:58	1.09	17:26	1.06	17:55	F
35	1.12	16:59	1.08	17:34	1.04	18:09	
30	1.1	17:24	1.06	17:54	1.02	18:22	
25	1.09	17:29	1.05	18:00	1.01	18:31	
20	1.05	18:00	1.01	18:25	0.98	18:49	P
15	1.02	18:21	0.99	18:42	.97	19:02	
10	1.01	18:31	0.97	19:01	.93	19:30	
5	0.96	19:05	0.93	19:31	0.9	19:57	VP

AEROBIC FEMALES

%	AGE 55-59		AGE 60+		
	12 Min. Distance	1.5 Mile Time	12 Min. Distance	1.5 Mile Time	
99	1.51	12:02	1.55	11:36	
95	1.34	14:13	1.35	14:06	S
90	1.29	14:55	1.29	14:55	
85	1.22	15:43	1.21	15:57	
80	1.19	16:09	1.18	16:20	E
75	1.18	16:16	1.17	16:27	
70	1.15	16:43	1.13	16:58	
65	1.11	17:10	1.09	17:29	
60	1.1	17:22	1.07	17:46	G
55	1.08	17:37	1.05	18:00	
50	1.06	17:50	1.03	18:16	
45	1.05	18:00	1.01	18:31	
40	1:02	18:20	0.99	18:44	F
35	1.01	18:32	0.98	18:54	
30	0.99	18:41	0.97	18:59	
25	0.98	18:47	0.97	19:02	
20	0.96	19:05	0.94	19:21	P
15	0.95	19:18	0.93	19:33	
10	0.91	19:47	0.89	20:04	
5	0.88	20:10	0.86	20:23	VP

1 MINUTE SITUP

Females

AGE

%	20-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	
99	>51	>42	>39	>38	>34	>30	>29	>28	
95	51	42	39	38	34	30	29	28	S
90	49	40	37	34	31	29	27	26	
85	45	38	35	32	28	25	22	20	
80	44	35	32	29	26	24	20	17	E
75	42	33	30	28	25	23	19	15	
70	41	32	29	27	24	22	17	13	
65	39	30	27	25	23	21	16	12	
60	38	29	26	24	22	20	15	11	G
55	37	28	25	23	20	19	14	10	
50	35	27	24	22	19	17	12	8	
45	34	26	23	21	18	16	11	7	
40	32	25	22	20	17	14	10	6	F
35	31	24	21	19	15	13	9	5	
30	30	22	19	17	14	12	8	4	
25	28	21	18	16	13	11	7	3	
20	27	20	17	14	12	10	6	3	P
15	24	18	15	13	10	7	4	2	
10	23	15	12	10	8	6	3	1	
5	18	11	8	7	6	5	3	1	
1	<18	<11	<8	<7	<6	<5	<3	<1	VP

1 MINUTE MODIFIED PUSHUP

Females

AGE

%	20-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	
99	>70	>56	>58	>60	>50	>31	>25	>20	
95	45	39	36	33	30	28	24	20	S
90	42	36	32	28	26	25	21	17	
85	39	33	29	26	24	23	19	15	
80	36	31	27	24	22	21	18	14	E
75	34	29	25	21	21	20	17	13	
70	32	28	24	20	20	19	16	12	
65	31	26	22	19	19	18	15	11	
60	30	24	21	18	18	17	14	10	G
55	29	23	20	17	16	15	13	9	
50	26	21	18	15	14	13	10	8	
45	25	20	17	14	13	12	9	6	
40	23	19	16	13	12	11	8	5	F
35	22	17	14	11	11	10	7	4	
30	20	15	12	10	10	9	6	3	
25	19	14	11	9	9	8	5	2	
20	17	11	8	6	6	6	4	2	P
15	15	9	6	4	4	4	2	1	
10	12	8	5	2	2	1	1	0	
5	9	4	2	1	1	0	0	0	
<9	<4	<2	<1	<1	<1	0	0	0	VP

AEROBIC MALES

%	AGE 20-29		AGE 30-34		AGE 35-39		
	12 Min. Distance	1.5 Mile Time	12 Min. Distance	1.5 Mile Time	12 Min. Run	1.5 Mile Distance	
99	1.94	7:29	1.89	7:11	1.87	7:27	
95	1.81	8:13	1.77	8:44	1.74	9:07	S
90	1.74	9:09	1.71	9:30	1.68	9:53	
85	1.69	9:45	1.65	10:16	1.61	10:47	
80	1.65	10:16	1.61	10:47	1.57	11:15	E
75	1.62	10:42	1.57	11:18	1.55	11:34	
70	1.61	10:47	1.55	11:34	1.51	12:04	
65	1.57	11:18	1.53	11:49	1.49	12:20	
60	1.54	11:41	1.49	12:20	1.45	12:47	G
55	1.53	11:49	1.47	12:38	1.44	13:00	
50	1.5	12:18	1.45	12:51	1.41	13:22	
45	1.49	12:20	1.41	13:22	1.38	13:45	
40	1.45	12:51	1.39	13:36	1.36	14:03	F
35	1.43	13:06	1.37	13:53	1.33	14:20	
30	1.41	13:22	1.35	14:08	1.32	14:32	
25	1.37	13:53	1.33	14:24	1.29	14:55	
20	1.34	14:13	1.29	14:52	1.26	15:17	P
15	1.33	14:24	1.25	15:20	1.23	15:39	
10	1.27	15:10	1.21	15:52	1.19	16:10	
5	1.19	16:12	1.17	16:27	1.13	17:10	
1	1.06	17:48	1.13	18:00	1.05	18:26	VP

AEROBIC MALES

%	AGE 40-44		AGE 45-49		AGE 50-54		
	12 Min. Distance	1.5 Mile Time	12 Min. Distance	1.5 Mile Time	12 Min. Run	1.5 Mile Distance	
99	1.85	7:42	1.81	8:08	1.77	8:44	
95	1.71	9:30	1.66	10:05	1.62	10:40	S
90	1.65	10:16	1.61	10:47	1.57	11:18	
85	1.57	11:18	1.53	11:49	1.49	12:20	
80	1.54	11:44	1.49	12:18	1.45	12:51	E
75	1.53	11:49	1.47	12:36	1.41	13:22	
70	1.47	12:34	1.42	13:10	1.38	13:45	
65	1.45	12:51	1.4	13:27	1.35	14:03	
60	1.42	13:14	1.37	13:49	1.33	14:24	G
55	1.41	13:22	1.36	14:01	1.31	14:40	
50	1.37	13:53	1.33	14:24	1.29	14:55	
45	1.35	14:08	1.3	14:43	1.26	15:08	
40	1.33	14:29	1.29	14:58	1.25	15:26	F
35	1.3	14:47	1.26	15:20	1.22	15:53	
30	1.29	14:56	1.25	15:27	1.21	15:57	
25	1.25	15:26	1.21	15:55	1.17	16:23	
20	1.23	15:41	1.19	16:12	1.15	16:43	P
15	1.21	15:57	1.17	16:28	1.13	16:58	
10	1.17	16:28	1.13	16:59	1.09	17:29	
5	1.1	17:23	1.05	17:57	1.01	18:31	
1	0.98	18:51	0.95	19:14	0.92	19:36	VP

AEROBIC MALES

%	AGE 55-59		AGE 60+		
	12 Min. Distance	1.5 Mile Time	12 Min. Distance	1.5 Mile Time	
99	1.74	9:07	1.71	9:30	
95	1.59	11:00	1.57	11:20	S
90	1.53	11:49	1.49	12:20	
85	1.45	12:51	1.41	13:22	
80	1.41	13:22	1.37	13:53	E
75	1.35	13:53	1.3	14:24	
70	1.33	14:19	1.29	14:53	
65	1.3	14:41	1.26	15:19	
60	1.28	14:57	1.24	15:29	G
55	1.26	15:18	1.21	15:55	
50	1.24	15:31	1.19	16:07	
45	1.21	15:47	1.17	16:27	
40	1.2	16:05	1.15	16:43	F
35	1.17	16:26	1.13	16:58	
30	1.16	16:36	1.11	17:14	
25	1.12	16:58	1.08	17:32	
20	1.1	17:22	1.05	18:00	P
15	1.07	17:45	1.01	18:31	
10	1.02	18:22	0.95	19:15	
5	0.95	19:18	0.89	20:04	
1	0.87	20:17	0.82	20:57	VP

1 MINUTE SITUP

Males

AGE

%	20-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	
99	>55	>51	>49	>47	>45	>43	>41	>39	
95	55	51	49	47	45	43	41	39	S
90	51	48	46	43	41	39	37	35	
85	49	45	42	40	38	36	33	31	
80	47	43	41	39	37	35	32	30	E
75	46	42	39	37	35	33	30	28	
70	45	41	38	36	33	31	28	26	
65	44	40	37	35	32	30	27	24	
60	42	39	36	34	31	28	25	22	G
55	41	37	34	32	29	27	24	21	
50	40	36	33	31	28	26	23	20	
45	39	35	32	30	27	25	22	19	
40	38	34	31	29	26	24	21	18	F
35	37	33	30	28	25	22	19	17	
30	35	32	29	27	24	21	18	16	
25	34	31	28	26	23	20	17	15	
20	33	30	27	24	21	19	16	14	P
15	32	28	25	22	19	17	15	13	
10	30	26	23	20	17	15	13	10	
5	27	23	20	17	14	12	9	7	
1	<27	<23	<20	<17	<14	<12	<9	<7	VP

1 MINUTE PUSHUP

Males

AGE

%	20-29	30-34	35-39	40-44	45-49	50-54	55-59	60+	
99	>100	>86	>75	>64	>57	>51	>45	>39	
95	62	52	46	40	40	39	33	28	S
90	57	46	41	36	33	30	28	26	
85	51	41	37	34	31	28	26	24	
80	47	39	34	30	27	25	24	23	E
75	44	36	32	29	26	24	23	22	
70	41	34	30	26	23	21	21	21	
65	39	31	28	25	22	20	20	20	
60	37	30	27	24	21	19	19	18	G
55	35	29	25	22	19	17	17	16	
50	33	27	24	21	18	15	15	15	
45	31	25	22	19	16	14	13	12	
40	29	24	21	18	15	13	11	10	F
35	27	21	18	16	13	11	10	9	
30	26	20	17	15	12	10	9	8	
25	24	19	16	13	11	9	8	7	
20	22	17	14	11	9	8	7	6	P
15	19	15	12	10	8	7	6	5	
10	18	13	11	9	7	6	5	4	
5	13	9	7	5	4	3	3	2	
1	<13	<9	<7	<5	<4	<3	<3	<2	VP