

Phases to Employment

With the Niobrara County Sheriff Office

Basic Application

Dear Applicant,

Thank you for your interest in employment with the Niobrara County Sheriff's Office. Our hiring and vetting process is in five phases. In order to be hired with the Niobrara County Sheriff Office, successful applicants must complete all phases before a conditional job offer is made to any applicant.

Phase I, requirements:

All applicant must complete a Basic Application. Cover, Writing, BioData, Work, Personal, Residence history (six pages).

All applicant must pass a Wyoming POST test and attach the results of the test with your Basic Application.

The Basic Application is found below, or can be downloaded from our website links in a PDF format. This must be completed, typed or printed in ink. Each page must be completed, signed and dated by the applicant.

To obtain a Wyoming POST test. The applicant must contact the Wyoming Peace Officer Standards and Training at **(307) 358-8213** to make an appointment for testing. Wyoming POST can direct you further on testing fees, testing locations and make lodging suggestions, if you must travel a long distance to the testing facility. **All expense for this testing and related costs are the responsibility of the applicant.**

Once Phase I is completed you will need to mail the Basic Application (six pages) and your POST testing results to the following address.

Niobrara County Sheriff's Office
Attention: Personnel Management
416 South Elm Street
PO Box 1085
Lusk, Wyoming 82225

Phase II, requirements:

Applicants who make it through Phase I, a preliminary background investigation will be completed. The applicants who pass the preliminary background investigation could be invited to an oral interview. A panel of people will question you concerning your background. The panel will take notes and make recommendations on you as a candidate for the position you have applied. You may be asked to provide additional information about your employment history at this meeting. Phase II may require more documentation, it will be listed on your invitation letter. You may bring a copy of your resume to this meeting if you wish.

Phase III, requirements:

Applicants who make it past Phase II, will be given additional instructions. For applicants seeking a position that involves enforcement duties such as those related to a Deputy Sheriff or Detention Deputy. A physical assessment will be required for applicants who are not currently Wyoming Peace Officer certified for patrol or detention duties. Phase III may include those who are currently Wyoming POST certified and wish to perform a physical assessment. **You should check with your doctor before taking a physical assessment.** The physical assessment will involve: Number of push-ups in one minute, Number of set-ups in one minute, and total distance run / walked in 12 minutes. We set no standard for these requirements and advancement to Phase IV, but we will compare how you done compared to the Wyoming Law Enforcement Academy, WLEA entry standards. This allows a non certified applicant the knowledge to know what is required of them to meet WLEA entry standards should we offer a position to them. You must be certified within one year through WLEA basic training.

Phase IV, requirements:

Phase IV requires a closer look and investigation into an applicants background. You may be required to complete additional paper, such as personal surveys concerning your beliefs, ethics and group associations to name a few. If you have made it this far, we are leaning toward hiring you and truthfulness is require for us to move on in the selection process. **Any lies, or failure to disclose anything will be a limiting factor which will remove you from our selection pool of candidates.**

Phase V, requirements:

Additional testing is required. This time the Niobrara County Sheriff Office will pay for the testing. Travel, lodging and food expense are still the responsibility of the applicant. The testing you will be subject to are:

A physical, an eye exam, a hearing test and a drug screening.

You will take a psychological and polygraph test depending upon the position you will be filling.

At the conclusion of all phases, successful applicants will be presented to the Sheriff. He will make the final selection of the applicants of who will be offered a conditional job offer. Should you try to rush the process by calling the sheriff or attempting to influence administration staff your application will be forfeited and removed from selection.

A conditional job offer requires that all applicants must complete a successfully six month training program. You will be on probation and at-will for one year, if you are not certified within one year of your employment you will be terminated. Applicants are considered at-will and can be dismissed without cause during this time frame and until all the requirements are met.

Thank you for your interest in join our agency.

Applicants Signature

Date Signed

Acknowledges that I have read the above and understand what is required throughout the hiring vetting process. The entire application, including this page must be returned to the Niobrara County Sheriff Office before you will be considered as an applicant.

Official USE ONLY: Do not write in this area					
DATE Application received	Initials	DATE Applicant interviewed	Initials	Date Applicant background completed	Initials
DATE Psychological Tested	Initials	Date Applicant physical	Initials	Date Applicant Hired / Rejected	Initials

Applicant Report Writing Skills

In your own words, write an essay on why you wish to be employed by the Niobrara County Sheriff's Office or work in the career field of law enforcement or in support of law enforcement. If you are applying for a supervisory position explain why and what talents and experience you would bring to our agency as a supervisor. Try to use the entire page but be brief enough to only use this page.

Start Here:

Stop here

*****NOTICE: SUCCESSFUL APPLICANTS WILL BE REQUIRED TO SHOW PROOF THAT THEY ARE ELIGIBLE TO WORK IN THE UNITED STATES UNDER U.S. IMMIGRATION LAW.*** THIS WILL BE ASKED FOR DURING PHASE II OF THE APPLICATION PROCESS.**

I CERTIFY THAT ALL INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATIONS OR FALSIFICATIONS MAY RESULT IN REMOVAL FROM EMPLOYMENT CONSIDERATION OR DISMISSAL. I GIVE THE NIOBRARA COUNTY SHERIFF OFFICE AND ITS AUTHORIZED AGENTS PERMISSION TO VERIFY ANY JOB-RELATED INFORMATION GIVEN IN CONNECTION WITH THIS APPLICATION.

SIGNATURE OF APPLICANT: _____ **DATE:** _____



Niobrara County Sheriff Office Employment Application



Website: www.niobrara-county-sheriff.org

Return to:
Niobrara County Sheriff Office
416 South Elm Street
PO Box 1085
Lusk, Wyoming 82225

JOB TITLE APPLIED FOR			Social Security Number will be used to verify your identity and records obtained for background investigations		
LAST NAME	FIRST NAME	MIDDLE INITIAL	4. SOCIAL SECURITY NUMBER		
MAILING ADDRESS		CITY	STATE	ZIP	
HOME PHONE NO.		DAY OR MESSAGE PHONE NO.	DRIVER'S LICENSE NO.	STATE	DOB

OFFICE USE ONLY
Received Date _____

I am willing to accept FULL TIME PART-TIME RESERVE OTHER Position with the Niobrara County Sheriff's Office.

I am presently employed? YES NO IF "YES" SPECIFY AGENCY:

You can contact my present employer? YES NO IF "YES" WHO and PHONE:

I am currently Wyoming POST certified as a Peace Officer YES NO , Detention YES NO , Corrections YES NO ,

I am currently Wyoming POST certified as a Dispatcher YES NO ,

I have relatives employed by Niobrara County. YES NO If "YES" Who and Where

If I am selected for employment I will need to give my current employer notices of:

I am a veteran or a spouse of a veteran YES NO , If "YES" see next line.

Full name used while in the service _____

Dates of Service: To _____ Branch of Service: _____ Highest Rank: _____ Type of discharge: _____

Other names that I am also known by or have used in the past.

Other dates of birth that I have used or are known by:

I have been convicted of an offense in a court of law. YES NO If "YES" Give dates, details and penalties, this does not constitute an automatic bar to employment. List probationer officers name and phone if you are under probation or parole.

I have a high school diploma or GED: YES NO High School / Location:

COLLEGE OR VOCATIONAL SCHOOL AND LOCATION	DATES		SEM. HOURS	QTR. HOURS	MAJOR	MINOR	DEGREE EARNED	DATE OF DEGREE
	FROM	TO						

List other Job-Related special Qualifications and skills. Include computer skills, skills with machines, typing or shorthand speed, memberships in professional associations, awards, publications, Licenses or registrations (Give numbers and expiration Dates), etc.:

*****NOTICE: SUCCESSFUL APPLICANTS WILL BE REQUIRED TO SHOW PROOF THAT THEY ARE ELIGIBLE TO WORK IN THE UNITED STATES UNDER U.S. IMMIGRATION LAW.*** THIS WILL BE ASKED FOR DURING PHASE II OF THE APPLICATION PROCESS.**

I CERTIFY THAT ALL INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATIONS OR FALSIFICATIONS MAY RESULT IN REMOVAL FROM EMPLOYMENT CONSIDERATION OR DISMISSAL. I GIVE THE NIOBRARA COUNTY SHERIFF OFFICE AND ITS AUTHORIZED AGENTS PERMISSION TO VERIFY ANY JOB-RELATED INFORMATION GIVEN IN CONNECTION WITH THIS APPLICATION.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Applicant Work History

List jobs in reverse order starting with your present or last job first. List your entire work history including volunteer, part-time, temporary, self-employment and military jobs. List each promotion as a separate job. This section must be accurate and complete. **DO NOT SUBSTITUTE A RESUME IN THE PLACE OF THIS APPLICATION OR ANY OF ITS PARTS.** If you need additional work history pages they can be downloaded from the Niobrara County Website www.niobraracountysheriff.org or stop by the office and request a copy of Supplemental Work History.

EMPLOYER:		ADDRESS	
FROM: MO/YR.	TO: MO/YR	HOURS PER WEEK:	YOUR TITLE:
LAST SALARY: \$	PER	SUPERVISOR:	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
NO & TYPE OF EMPLOYEES YOU SUPERVISED:		PHONE:	
REASON FOR LEAVING:			
DUTIES:			

EMPLOYER:		ADDRESS	
FROM: MO/YR.	TO: MO/YR	HOURS PER WEEK:	YOUR TITLE:
LAST SALARY: \$	PER	SUPERVISOR:	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
NO & TYPE OF EMPLOYEES YOU SUPERVISED:		PHONE:	
REASON FOR LEAVING:			
DUTIES:			

EMPLOYER:		ADDRESS	
FROM: MO/YR.	TO: MO/YR	HOURS PER WEEK:	YOUR TITLE:
LAST SALARY: \$	PER	SUPERVISOR:	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
NO & TYPE OF EMPLOYEES YOU SUPERVISED:		PHONE:	
REASON FOR LEAVING:			
DUTIES:			

EMPLOYER:		ADDRESS	
FROM: MO/YR.	TO: MO/YR	HOURS PER WEEK:	YOUR TITLE:
LAST SALARY: \$	PER	SUPERVISOR:	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
NO & TYPE OF EMPLOYEES YOU SUPERVISED:		PHONE:	
REASON FOR LEAVING:			
DUTIES:			

EMPLOYER:		ADDRESS	
FROM: MO/YR.	TO: MO/YR	HOURS PER WEEK:	YOUR TITLE:
LAST SALARY: \$	PER	SUPERVISOR:	MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>
NO & TYPE OF EMPLOYEES YOU SUPERVISED:		PHONE:	
REASON FOR LEAVING:			
DUTIES:			

*****NOTICE: SUCCESSFUL APPLICANTS WILL BE REQUIRED TO SHOW PROOF THAT THEY ARE ELIGIBLE TO WORK IN THE UNITED STATES UNDER U.S. IMMIGRATION LAW.*** THIS WILL BE ASKED FOR DURING PHASE II OF THE APPLICATION PROCESS.**

I CERTIFY THAT ALL INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATIONS OR FALSIFICATIONS MAY RESULT IN REMOVAL FROM EMPLOYMENT CONSIDERATION OR DISMISSAL. I GIVE THE NIOBRARA COUNTY SHERIFF OFFICE AND ITS AUTHORIZED AGENTS PERMISSION TO VERIFY ANY JOB-RELATED INFORMATION GIVEN IN CONNECTION WITH THIS APPLICATION.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Applicant Personal History

All applicants must complete the personal history section. During the course of the background investigation, people who know you may be contacted to comment upon your suitability for the position you have applied. This will be confined to job and work related matters. During the contact, we may be provided with additional persons or entities to contact concerning your employment history. We will not openly share with you the applicant or other contacts any additional information we have learned through our background investigation. The more we know about your personal associations only assist us in understanding the you the applicant.

DO NOT SUBSTITUTE A RESUME IN THE PLACE OF THIS APPLICATION OR ANY OF ITS PARTS. If you need additional personal history pages they can be downloaded from the Niobrara County Website www.niobrara-county-sheriff.org or stop by the office and request a copy of Supplemental Personal History.

Their full NAME:	Their Street ADDRESS, City, Zip		
Relationship to you: Father <input type="checkbox"/> , Mother <input type="checkbox"/> , Spouse <input type="checkbox"/> , Friend <input type="checkbox"/> , Co-Worker <input type="checkbox"/> , Supervisor <input type="checkbox"/> , Other <input type="checkbox"/> Explain:			
Known from MO/YR. TO: MO/YR		Phone number:	Best time to call:
Have you or do you plan on telling this person that we may be contact them? YES <input type="checkbox"/> , NO <input type="checkbox"/> ,			
Is their anything that you wants use to be aware of before we contact this person?			

Their full NAME:	Their Street ADDRESS, City, Zip		
Relationship to you: Father <input type="checkbox"/> , Mother <input type="checkbox"/> , Spouse <input type="checkbox"/> , Friend <input type="checkbox"/> , Co-Worker <input type="checkbox"/> , Supervisor <input type="checkbox"/> , Other <input type="checkbox"/> Explain:			
Known from MO/YR. TO: MO/YR		Phone number:	Best time to call:
Have you or do you plan on telling this person that we may be contact them? YES <input type="checkbox"/> , NO <input type="checkbox"/> ,			
Is their anything that you wants use to be aware of before we contact this person?			

Their full NAME:	Their Street ADDRESS, City, Zip		
Relationship to you: Father <input type="checkbox"/> , Mother <input type="checkbox"/> , Spouse <input type="checkbox"/> , Friend <input type="checkbox"/> , Co-Worker <input type="checkbox"/> , Supervisor <input type="checkbox"/> , Other <input type="checkbox"/> Explain:			
Known from MO/YR. TO: MO/YR		Phone number:	Best time to call:
Have you or do you plan on telling this person that we may be contact them? YES <input type="checkbox"/> , NO <input type="checkbox"/> ,			
Is their anything that you wants use to be aware of before we contact this person?			

Their full NAME:	Their Street ADDRESS, City, Zip		
Relationship to you: Father <input type="checkbox"/> , Mother <input type="checkbox"/> , Spouse <input type="checkbox"/> , Friend <input type="checkbox"/> , Co-Worker <input type="checkbox"/> , Supervisor <input type="checkbox"/> , Other <input type="checkbox"/> Explain:			
Known from MO/YR. TO: MO/YR		Phone number:	Best time to call:
Have you or do you plan on telling this person that we may be contact them? YES <input type="checkbox"/> , NO <input type="checkbox"/> ,			
Is their anything that you wants use to be aware of before we contact this person?			

*****NOTICE: SUCCESSFUL APPLICANTS WILL BE REQUIRED TO SHOW PROOF THAT THEY ARE ELIGIBLE TO WORK IN THE UNITED STATES UNDER U.S. IMMIGRATION LAW.*** THIS WILL BE ASKED FOR DURING PHASE II OF THE APPLICATION PROCESS.**

I CERTIFY THAT ALL INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATIONS OR FALSIFICATIONS MAY RESULT IN REMOVAL FROM EMPLOYMENT CONSIDERATION OR DISMISSAL. I GIVE THE NIOBRARA COUNTY SHERIFF OFFICE AND ITS AUTHORIZED AGENTS PERMISSION TO VERIFY ANY JOB-RELATED INFORMATION GIVEN IN CONNECTION WITH THIS APPLICATION.

SIGNATURE OF APPLICANT: _____ DATE: _____

Applicant Residence History

All applicants must complete the Residence History section. Start with your current and then prior residences that you have lived at or stayed at for an extended time frame beyond one month. Residency beyond ten years and no longer living at are not required, list current address first.

DO NOT SUBSTITUTE A RESUME IN THE PLACE OF THIS APPLICATION OR ANY OF ITS PARTS. If you need additional residences history pages they can be downloaded from the Niobrara County Website www.niobrara-county-sheriff.org or stop by the office and request a copy of Supplemental Residence History.

Full NAME of Landlord, Mortgage holder, Property Owner	Street ADDRESS, City, Zip		
Type of property: Owned <input type="checkbox"/> , Rented / Leased <input type="checkbox"/> , Living with <input type="checkbox"/> ,			
FROM MO/YR.	TO: MO/YR	Phone number:	Best time to call:
Have you or do you plan on telling this person that we may be contact them? YES <input type="checkbox"/> , NO <input type="checkbox"/> ,			
Is their anything that you wants use to be aware of before we contact this person?			

Full NAME of Landlord, Mortgage holder, Property Owner	Street ADDRESS, City, Zip		
Type of property: Owned <input type="checkbox"/> , Rented / Leased <input type="checkbox"/> , Living with <input type="checkbox"/> ,			
FROM MO/YR.	TO: MO/YR	Phone number:	Best time to call:
Have you or do you plan on telling this person that we may be contact them? YES <input type="checkbox"/> , NO <input type="checkbox"/> ,			
Is their anything that you wants use to be aware of before we contact this person?			

Full NAME of Landlord, Mortgage holder, Property Owner	Street ADDRESS, City, Zip		
Type of property: Owned <input type="checkbox"/> , Rented / Leased <input type="checkbox"/> , Living with <input type="checkbox"/> ,			
FROM MO/YR.	TO: MO/YR	Phone number:	Best time to call:
Have you or do you plan on telling this person that we may be contact them? YES <input type="checkbox"/> , NO <input type="checkbox"/> ,			
Is their anything that you wants use to be aware of before we contact this person?			

Full NAME of Landlord, Mortgage holder, Property Owner	Street ADDRESS, City, Zip		
Type of property: Owned <input type="checkbox"/> , Rented / Leased <input type="checkbox"/> , Living with <input type="checkbox"/> ,			
FROM MO/YR.	TO: MO/YR	Phone number:	Best time to call:
Have you or do you plan on telling this person that we may be contact them? YES <input type="checkbox"/> , NO <input type="checkbox"/> ,			
Is their anything that you wants use to be aware of before we contact this person?			

*****NOTICE: SUCCESSFUL APPLICANTS WILL BE REQUIRED TO SHOW PROOF THAT THEY ARE ELIGIBLE TO WORK IN THE UNITED STATES UNDER U.S. IMMIGRATION LAW.*** HIS WILL BE ASKED FOR DURING PHASE II OF THE APPLICATION PROCESS.**

I CERTIFY THAT ALL INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATIONS OR FALSIFICATIONS MAY RESULT IN REMOVAL FROM EMPLOYMENT CONSIDERATION OR DISMISSAL. I GIVE THE NIOBRARA COUNTY SHERIFF OFFICE AND ITS AUTHORIZED AGENTS PERMISSION TO VERIFY ANY JOB-RELATED INFORMATION GIVEN IN CONNECTION WITH THIS APPLICATION.

SIGNATURE OF APPLICANT: _____ **DATE:** _____