



Application for Police & Community Working Group

City of Laramie
 406 Ivinson Ave.
 P.O. Box C
 Laramie, WY 82073
 307-721-5200

Applicant Information

Full Name:				Date:					
<i>Last</i>			<i>First</i>			<i>M.I.</i>			
Address:									
<i>Street Address</i>						<i>Apartment/Unit #</i>			
<i>City</i>						<i>State</i>		<i>ZIP Code</i>	
Phone:		()		Cell Phone:		()		Email:	
Do you reside within the City of Laramie?		YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Are you currently serving on any City of Laramie board or commission?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, which one(s)?					
Are you an employee of the City of Laramie?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what is your current position?					
Are any of your first-degree family members or dependents employed by the City of Laramie Police Department? (Spouse/Domestic Partner, Children, Dependents, Parents & Parents-in-law, and Grandparents & Grandparents-in-law)		YES <input type="checkbox"/>	NO <input type="checkbox"/>						
Are you a professional engaged in providing social services in Laramie?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, what is your current position?					
Are you retired from a law enforcement position or career?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list agencies where you were employed.					

Employment

Company:								Phone:		()	
Address:											
From:				To:							
Company:								Phone:		()	
Address:											
From:				To:							
Company:								Phone:		()	
Address:											
From:				To:							

Education

High School:								Address:							
From:				To:				Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			
College:								Address:							
From:				To:				Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:			

Other:		Address:				
From:	To:	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree:	

References

Please list three references.

Full Name:		Relationship:	
Phone:	()		
Address:			
Full Name:		Relationship:	
Phone:	()		
Address:			
Full Name:		Relationship:	
Phone:	()		
Address:			

Please Answer the Following Questions to the Best of Your Ability:

Please explain why you are interested in serving on the Police & Community Working Group:

Please list any current or past civic involvement, organizational memberships, or volunteer activities:

Please list any qualifications, experiences, or interests that you believe qualify you, or make you an asset to, the Police & Community Working Group:

Are there any financial, business, personal, or other commitments that might cause you a conflict of interest in performing the official duties of the Police & Community Working Group? If so, please explain.

Do you feel the time commitment required for this position (regularly monthly meetings, as well as special meetings, for a period of at least six months) will present a problem given your current time commitments? Please explain your answer.

Please provide any other information that you feel would be helpful in evaluating you for this position.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature:		Date:	
------------	--	-------	--