

CHEYENNE POLICE DEPARTMENT

Protecting the Legend

POLICE OFFICER APPLICATION



**DEADLINE FOR APPLICATIONS IS 5:00 P.M.
AUGUST 18, 2017**

WHEN COMPLETED RETURN TO:
**CHEYENNE POLICE DEPARTMENT
BACKGROUND INVESTIGATIONS
415 W. 18TH STREET
CHEYENNE, WY 82001
307-637-6537**

www.cheyennecity.org

**THIS APPLICATION WILL NOT BE CONSIDERED
UNLESS FULLY COMPLETED**
The City of Cheyenne, Wyoming is an Equal Opportunity Employer

The City of Cheyenne does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.

APPLICATION FOR EMPLOYMENT WITH THE CITY OF CHEYENNE, WYOMING	
Return Application To:	Cheyenne PD Recruiting 415 W. 18 St. Cheyenne, WY 82001

TYPE OR PRINT IN BLACK INK ONLY. (If you are completing this on-line, use the "Tab" key to move to each field.)

Print Name in Full:				
	Last	First	Middle	Telephone (Day)
				Telephone (Eve)
Address		City	State	Zip Code

When would you be available for work? _____ Position Desired: _____

Are you 16 years of age or older? Yes No What is the lowest entrance salary acceptable to you? _____

Can you legally work in the United States? Yes No If "NO", please explain: _____

Are you related to anyone employed with the City of Cheyenne? Yes No Who? _____

Position/Dept? _____

Have you ever worked for the City of Cheyenne in the past? Yes No What department? _____

When? _____ Why did you leave? _____

Does the position you applied for require you to drive? Yes No

If "Yes," do you have valid Driver's License? State? _____ Class? _____ Commercial

Have you ever been convicted of any law violation? (Include any plea of "guilty" or "no contest". (Exclude minor traffic violations)
Yes No If "Yes," describe in full: (a conviction will not necessarily disqualify an applicant for employment).

Have you had your driver's license suspended or revoked in the last 3 years? Yes No If "Yes," please explain: _____

What office equipment can you operate?

List certificates that are relevant to the position you are applying for:

Have you ever been a member of the Armed services of the United States? Yes No

Branch: _____ Rank: _____

What skills or additional training do you have that are related to the job for which you are applying:

Education:

Name of High School, Universities, Business Schools or Trade Schools Attended	Location City and State	Number of years completed What Degree (if any) and Year Earned

EMPLOYMENT HISTORY:

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Employer and Address (Give last position first)	Dates of Employment	Job Title & Supervisor	Type of Business	Wages	Why did you leave?
1	From:				
	To:				
2	From:				
	To:				
3	From:				
	To:				
4	From:				
	To:				

NOTE: If you are seeking a uniformed position with either the Police or Fire Department: Are you 21 years of age or older? Yes No

Have you worked or attended school under any other names? Yes No

If Yes, give name(s) _____

Are you presently employed? Yes No

If Yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No

If Yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	Phone

**AFFIDAVIT, CONSENT AND RELEASE
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that I may be required to successfully pass a drug screening examination and a criminal background investigation. I hereby consent to a pre-employment drug screen and a criminal background investigation, if required, as a condition of employment.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE MAYOR/DESIGNEE OF THE CITY OF CHEYENNE HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE MAYOR/DESIGNEE AND THE EMPLOYEE.

I am fully aware that the probation period for the City of Cheyenne is one (1) year and that I can be dismissed without cause throughout the specific probationary period. I also certify that the foregoing answers are correct to the best of my knowledge and belief.

I have read, understand, and by my signature consent to these statements.

Signature: _____

Date: _____



**City of Cheyenne
Human Resources Division
2101 O'Neil Avenue
Cheyenne, WY 82001**

Police Entrance Examination

Applications:

Applications, including a detailed resume, must be received at Human Resources to be eligible to participate. For questions contact Human Resources @ (307) 637-6340 or at www.cheyennecity.org. Click on the Human Resources icon. Applications must be on file with Human Resources prior to taking the written exam. Entry level pay begins at \$50,009 annually.

Minimum requirements for eligibility:

A United States citizen

Free from any felony or Domestic Violence convictions.

21 years of age at the time of the hiring.

High School Diploma or G.E.D.

Be a resident of Laramie County upon employment.

75% minimum on the oral board examinations

75% minimum on the Entry Level written examination (70% minimum in each category)

Preference Points will be awarded for the following:

1 percentage point for a **2year degree***

2 percentage points for a **4 year degree***

1 percentage point for **4 years** or more as a detention officer

3 percentage points for **3 years** or more of civilian law enforcement, **or** applicants who are a certified Reserve Officer with the Cheyenne Police Department.

2 percentage points for U.S. Military Service: 2 or more years active duty, **or** 6 years with the National Guard, or a Reserve Component. Military contract must be completed with an Honorable Discharge.

Preference Points can be cumulative and will be added to the overall comprehensive score.

**Education points are only awarded for the highest degree received.*

Entry Level Examination:

All applicants must take and pass the Entry Level written examination prior to taking the physical fitness assessment. The written exam **can be taken any time** by contacting P.O.S.T. (307) 777-7718 for an appointment, Valid Photo ID required with \$35 cash-only fee at the time of the exam.

OR, a written exam will be offered at the Cheyenne Police Department the first day of each testing cycle for out of town applicants only. If taking the exam at the Police Department contact the Training Coordinator at (307) 637-6537. A copy of exam results must be on file with City of Cheyenne's Human Resources prior to taking the Physical Assessment. Location details listed on www.cheyennepd.org.

Physical Fitness Assessment:

Following successful completion of the written exam applicants are eligible to take the fitness assessment later the same day with each event requiring the 40th percentile. The assessment will be conducted outdoors it is suggested to bring water and wear appropriate clothing; **a note** - Cheyenne sits at over 6,000 feet elevation. Picture ID required at the time of the assessment. Location and time of the assessment is listed on www.cheyennepd.org.

Oral Boards: Second Day of Each Testing Cycle:

Will be conducted at Cheyenne Police Headquarters upon Applicant successfully passing the Entry Level written exam and the Physical Fitness Assessment.

Final Test Results:

The average of the written exam, PT assessment percentages, and Oral Board scores, with awarded Preference Points, will determine the eligibility registry.

Questions concerning the application process contact:

David Janes
Professional Standards Seargent
Cheyenne Police Department
djanes@cheyennepd.org
(307) 633-6607



PT Assessment Females



Aerobic

%	20-29	30-34	35-39	40-44	45-49
99	8:33	10:05	10:26	10:47	11:38
95	10:47	11:49	12:20	12:51	13:36
90	11:43	12:51	13:07	13:22	14:09
85	12:20	13:06	13:36	14:06	14:48
80	12:51	13:43	14:07	14:31	15:14
75	13:22	14:08	14:33	14:57	15:31
70	13:53	14:24	14:55	15:16	15:57
65	14:08	14:50	15:16	15:41	16:16
60	14:24	15:08	15:33	15:57	16:28
55	14:35	15:20	15:46	16:12	16:43
50	14:55	15:26	15:57	16:27	16:56
45	15:10	15:47	16:11	16:34	17:02
40	15:26	15:57	16:28	16:58	17:26

1 Minute Situp

%	20-29	30-34	35-39	40-44	45-49
99	>51	>42	>39	>38	>34
95	51	42	39	38	34
90	49-50	40-41	37-38	34-35-36-37	31-32-33
85	45-46-47-48	38-39	35-36	32-33	28-29-30
80	44	35-36-37	32-33-34	29-30-31	26-27
75	42-43	33-34	30-31	28	25
70	41	32	29	27	24
65	39-40	30-31	27-28	25-26	23
60	38	29	26	24	22
55	37	28	25	23	20-21
50	35-36	27	24	22	19
45	34	26	23	21	18
40	32-33	25	22	20	17

1 Minute Pushup (Modified)

%	20-29	30-34	35-39	40-44	45-49
99	>70	>56	>58	>60	>50
95	45	39	36	33	30
90	42-43-44	36-37-38	32-33-34-35	28-29-30-31-32	26-27-28-29
85	39-40-41	33-34-35	29-30-31	26-27	24-25
80	36-37-38	31-32	27-28	24-25	22-23
75	34-35	29-30	25-26	21-22-23	21
70	32-33	28	24	20	20
65	31	26-27	22-23	19	19
60	30	24-25	21	18	18
55	29	23	20	17	16-17
50	26-27-28	21-22	18-19	15-16	14-15
45	25	20	17	14	13
40	23-24	19	16	13	12



PT Assessment Males



Aerobic

%	20-29	30-34	35-39	40-44	45-49
99	7:29	7:11	7:27	7:42	8:08
95	8:13	8:44	9:07	9:30	10:05
90	9:09	9:30	9:53	10:16	10:47
85	9:45	10:16	10:47	11:18	11:49
80	10:16	10:47	11:15	11:44	12:18
75	10:42	11:18	11:34	11:49	12:36
70	10:47	11:34	12:04	12:34	13:10
65	11:18	11:49	12:20	12:51	13:27
60	11:41	12:20	12:47	13:14	13:49
55	11:49	12:38	13:00	13:22	14:01
50	12:18	12:51	13:22	13:53	14:24
45	12:20	13:22	13:45	14:08	14:43
40	12:51	13:36	14:03	14:29	14:58

1 Minute Situp

%	20-29	30-34	35-39	40-44	45-49
99	>55	>51	>49	>47	>45
95	55	51	49	47	45
90	51-52-53-54	48-49-50	46-47-48	43-44-45-46	41-42-43-44
85	49-50	45-46-47	42-43-44-45	40-41-42	38-39-40
80	47-48	43-44	41	39	37
75	46	42	39-40	37-38	35-36
70	45	41	38	36	33-34
65	44	40	37	35	32
60	42-43	39	36	34	31
55	41	37-38	34-35	32-33	29-30
50	40	36	33	31	28
45	39	35	32	30	27
40	38	34	31	29	26

1 Minute Pushup

%	20-29	30-34	35-39	40-44	45-49
99	>100	>86	>75	>64	>57
95	62	52	46	40	40
90	57-58-59-60-61	46-47-48-49-50-51	41-42-43-44-45	36-37-38-39	33
85	51-52-53-54-55-56	41-42-43-44-45	37-38-39-40	34-35	31-32
80	47-48-49-50	39-40	34-35-36	30-31-32-33	27-28-29-30
75	44-45-46	36-37-38	32-33	29	26
70	41-42-43	34-35	30-31	26-27-28	23-24-25
65	39-40	31-32-33	28-29	25	22
60	37-38	30	27	24	21
55	35-36	29	25-26	22-23	19-20
50	33-34	27-28	24	21	18
45	31-32	25-26	22-23	19-20	16-17
40	29-30	24	21	18	15

City Of Cheyenne
Human Resource Department

Police Entrance Examination Attendance and Minimum Requirement Verification

PRINT INFORMATION

Name _____ Phone () _____

Applicant **must pass** the written Entry Level test with at least 70% in **each** of the 4 areas tested with a minimum overall score of 75%, meet the minimum of 40th percentile on each of the 3 categories of the Physical Fitness assessment, and an Oral Board score of at least 75% to be eligible to be placed on the Eligibility Registry.

Check one of the following:

_____ I have taken the Entry Level test within 12 months of the final day of testing.

_____ I am scheduled to take the Entry Level test on _____.

Contact the Cheyenne Police Department at 307-633-6607 to set an appointment for the written exam.

Return this form with your Application Package and Detailed Resume to:

Cheyenne Police Recruiting
Cheyenne Police Department
415 W. 18 St.
Cheyenne, WY 82001
(307) 633-6607

**Deadline for applications is 5:00 PM
August 18, 2017**

We hope to see you during the testing period.

NO FURTHER NOTICE WILL BE GIVEN.

APPLICANT: Return this form with your application packet.

CITY OF CHEYENNE POLICE DEPARTMENT
FITNESS ASSESSMENT RELEASE AND WAIVER

The undersigned does hereby release, renounce, discharge and waive any and all claims which he or she has, or which may arise in connection with the undersigned's participation in any physical testing activities in connection with arising from or relating to participation in testing for employment with the City of Cheyenne Police Department, against the City of Cheyenne or any of its agencies. The undersigned acknowledges his or her understanding that such activities carry inherent risk of injury and that the undersigned knowingly and voluntarily accepts the burden for all such risks and consequences, including but not limited to physical and financial risks.

The undersigned shall release, indemnify and hold harmless the City of Cheyenne and/or any of its agencies, and their officers, agents, employees, successors and assigns from any cause of action, or claims or demands arising out of the undersigned's participation in the above described activities.

Print Name _____

Signature _____

Date: _____

APPLICANT: Return this form with your application packet.

Social Security Statement

Concerning Your Employment in a Job
Not covered by Social Security

Name: _____ SSN: _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits however will not be affected. Under the Social Security law there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to the Social Security publication, "Windfall Elimination Provision".

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security, $\$500 - \$400 = \$100$. Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to the Social Security publication, "Government Pension Offset".

For More Information

Social Security publications and additional information, including information about exception to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing, call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and Government Pension Offset Provision on my potential future Social Security Benefits.

Signature: _____

APPLICANT: Return this form with your application packet.

CITY OF CHEYENNE POLICE DEPARTMENT

POLICE OFFICER AGREEMENT

This Agreement concerns the costs of pre-employment screening, uniforms, ballistic vest, and is by and between the City of Cheyenne (City), and _____, applicant for the position of Police Officer (Applicant), and is executed by the parties on the date(s) subscribed and accompanying their signatures.

WHEREAS, the Applicant acknowledges that the City of Cheyenne will incur substantial expenses in the process of pre-employment screening and equipping the Applicant to be a Police Officer and in replacing the Applicant should he/she leave City employment before the completion of the below defined twenty-four (24) month period; and

WHEREAS, it is acknowledged by the Applicant that these expenses include equipping with uniforms and other items and may include monetary payments not otherwise reimbursed to the City; and

WHEREAS, the Applicant also acknowledges that in the event he/she terminates his/her employment with the City at any time within a period of two (2) years following his/her starting date of employment, that the City will suffer substantial and irreparable harm.

NOW, THEREFORE, the parties agree as follows:

1. **Reimbursement Obligation.** _____, the Applicant, for and in consideration of the City's agreement to provide the Applicant with formal police equipment and necessary uniforms, does agree that in the event his/her employment with the City ceases, due to any cause other than "termination" as defined in Section 3 below, within

the time period beginning with the date of hire and ending twenty-four (24) months after he/she commences full-time employment as a Police Officer following his/her successful completion of all training, he/she will reimburse the City of expenses and damages as set forth in Section 4 of this Agreement.

2. **Term of Agreement.** This Agreement is effective upon execution by both parties and will terminate either twenty-four (24) months after the Applicant's continuous full-time employment as a Police Officer, or upon the Applicant's final payment of all expenses, costs, fees and delinquent sums owing to or collected by the City under this Agreement, whichever occurs first.

3. **Definition of Termination.** Termination, as used in this Agreement, shall mean any discontinuance of the Applicant's employment initiated by the City and shall also include discontinuance of employment due to injury or illness resulting in the Applicant's inability, for a period of six (6) or more months, to perform the normal duties of the position held by the Applicant at the time of said injury or illness, except in the event that said injury or illness is intentionally self-inflicted.

4. **Calculation of Reimbursement Obligation and Liquidated Damages.** The Applicant's reimbursement obligation shall consist of the sum of all amounts expended by the City in connection with the pre-employment screening and equipping, but not limited to the following:

- a. Costs of credit check (\$250), medical/drug screening (\$195), and psychological (\$225) w/ background investigations totaling an amount of four hundred and seventy-two dollars and fifty cents (\$472.50).
- b. Costs of a non-reissued police ballistic vest in the amount of eight hundred and seventeen dollars (\$817).

- c. Costs of providing tailored uniforms and clothing items in the amount of eight hundred and sixty dollars and fifty cents (\$860.50).

It is further agreed that, in the event Applicant leaves employment with the City, other than by termination, prior to the expiration of the twenty-four (24) month period, the City will suffer irreparable harm. Because the parties to this Agreement acknowledge the difficulty of specific determination of the City's exact damages, they agree that in the event the Applicant leaves employment with the City, other than by termination, the sum of two thousand one hundred and fifty dollars (\$2,150) of non-recoupable costs, shall be due and owing from the Applicant to the City as liquidated damages, subject only to a reduction based upon credit for continuous employment as set forth in Section 5 of this Agreement.

5. **Credit for Continuous Employment.** The City will give credit for continuous employment rendered against the Applicant's reimbursement obligation and liquidated damages on the following conditions:

- a. At the completion of one (1) year of continuous police service with the City after successful completion of all training, the costs identified in Section 4(a), (b), and (c), for reimbursement shall be reduced by one-half (1/2).
- b. In the event that the employee leaves the City's employ, the Applicant's liquidated damages will be reduced at a rate of ninety dollars (\$90) for each month of service.

6. **Terms of Repayment.** Complete payment of the reimbursement obligation and the liquidated damages shall be made by the Applicant within thirty (30) days of cessation of employment, other than by termination, with the City. The Applicant agrees that, in the event any monies are due and owing by him/her to the City under this Agreement, the City is expressly

authorized to withhold said sums from his/her final paycheck and apply them directly to the reduction of the reimbursement obligation and liquidated damages owing under this Agreement.

The Applicant further agrees that in the event the City incurs legal fees or other costs of collection in an effort to collect any delinquent sums owing pursuant to, or challenges to, this Agreement, the Applicant will pay such fees and costs, including attorney's fees, in addition to the other expenses and/or liquidated damages which may be due.

7. **Acknowledgment of Receipt/Waiver of Right to Independent Advice.** The Applicant understands that he/she has the right to have this document examined by an attorney of his/her choice, and to discuss its terms with said attorney prior to signing it.

Sign initials in one of the spaces below where applicable:

_____ I fully understand the nature and the terms of the binding obligation created pursuant to this Agreement and have chosen to waive my right to consult an attorney.

_____ I have consulted an attorney regarding this Agreement and received his/her explanation of its terms as evidence by the attorney's signature below.

Date

Applicant

Date

Attorney for Applicant (should Applicant choose to contact an Attorney)

Attorney's Printed Name

Attorney's Address

APPLICANT: Return this form with your application packet.

CPD Employment Drug Policy

APPLICANT: Complete and return this form with your application packet.

Criteria

- A. An applicant who has used any illegal drug while employed in any law enforcement or prosecutorial position, or while employed in a position which carries with it a high level of responsibility or public trust, will be found unsuitable for employment.
- B. An applicant who is discovered to have misrepresented his/her drug history in completing the application will be found unsuitable for employment.
- C. An applicant who has distributed or sold any illegal drug for profit at any time will be found unsuitable for employment.
- D. An applicant who has used any hallucinogen.
- E. An applicant who has used any illegal drug in the past 5 years.
- F. An applicant who has used any inhalant w/in the last 3 years.
- G. An applicant who has used/ingested marijuana w/in the past 2 years.

To determine whether you meet the CPD's drug policy, **"Yes" will constitute an automatic disqualification**, consider the following questions:

- 1. Use of any hallucinogen is an automatic disqualifier. Yes ____ No ____
- 2. Have you used/ingested marijuana at all w/in the last two years? Yes ____ No ____
- 3. Have you used any other illegal drug in the past 5 years? Yes ____ No ____
- 4. Have you used any inhalants w/in the last 3 years? Yes ____ No ____
- 5. Have you ever sold any illegal drug? Yes ____ No ____
- 6. Have you ever used an illegal drug (no matter how many times or how long ago) while in a law enforcement or prosecutorial position, or in a position which carries with it a high level of responsibility or public trust? Yes ____ No ____

All City Employees are placed in a random drug pool.

Applicant's Signature: _____

Cheyenne Police Department

Application Checklist

APPLICANT: Complete and return this form with your application packet.

- Preference Points Request – **to be eligible copies must accompany package**
- College Diplomas or Transcripts (Possible 1 or 2 points)
 - DD214 (Possible 2 Points)
 - POST Training Records (Possible 1 or 3 points)
Employment dates: from _____ to _____

from _____ to _____

from _____ to _____
 - Other Verifying Documents _____
 - No Preference Points Requested _____

If verification is not attached to the application, no Preference Points will be given.

Check off to verify these documents are included:

- ___ Police Entrance Examination Verification – filled out p.5
- ___ Fitness Release/Waiver - signed p.6
- ___ Social Security Statement - signed p.7
- ___ Police Officer Agreement - signed pp. 8-11
- ___ CPD Employment Drug Policy – checked off p. 12
- ___ CPD Disqualifiers – checked off p. 13
- ___ POST Score Sheet - if previously taken
- ___ Copy of your High School Diploma or GED
- ___ Copy of your Birth Certificate to show citizenship
- ___ Resume

Note: **“Yes” will constitute an Automatic disqualification**, but is not limited to the following, consider the following questions:

1. Dishonorable Discharge from the Military? Yes ___ No ___
2. Any felony or domestic violence conviction? Yes ___ No ___
3. Three (3) or more moving violation convictions within the previous 36 months (three separate, individual incidents)? Yes ___ No ___
4. An Administrative Suspension of a driver’s license; conviction or any form of deferred prosecution qualified by State statute, or as amended, within the previous 36 months, including, but not limited to: Yes ___ No ___
 - Driving under the influence of alcohol or drugs?
 - Leaving the scene of an accident?
 - Fleeing to avoid arrest?
 - Reckless Driving?
 - Homicide or assault by motor vehicle?

Applicant’s Signature: _____