

**BRYON PRECIADO, CHIEF**  
4800 W. YELLOWSTONE HIGHWAY  
MILLS, WYOMING 82644  
OFFICE: (307) 266-4796  
FAX: (307) 235-8976



**APPLICATION FOR EMPLOYMENT**  
**POLICE OFFICER**



**V: EMPLOYMENT HISTORY****LAST 5 YEARS (MOST RECENT FIRST) \*USE AN ADDITIONAL SHEET IF NEEDED\***

EMPLOYER NAME				TELEPHONE				
ADDRESS			CITY		STATE		ZIP CODE	
POSITION HELD		EMPLOYED FROM		EMPLOYED TO		STARTING SALARY		ENDING SALARY
DUTIES								
SUPERVISOR NAME		MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING				

EMPLOYER NAME				TELEPHONE				
ADDRESS			CITY		STATE		ZIP CODE	
POSITION HELD		EMPLOYED FROM		EMPLOYED TO		STARTING SALARY		ENDING SALARY
DUTIES								
SUPERVISOR NAME		MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING				

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ADDRESS			CITY		STATE		ZIP CODE	
POSITION HELD		EMPLOYED FROM		EMPLOYED TO		STARTING SALARY		ENDING SALARY
DUTIES								
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DUTIES								
SUPERVISOR NAME		MAY WE CONTACT <input type="checkbox"/> YES <input type="checkbox"/> NO		REASON FOR LEAVING				

**VI: REFERENCES**

REFERENCE NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP CODE
REFERENCE NAME		TELEPHONE	
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REFERENCE NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP CODE
REFERENCE NAME		TELEPHONE	
ADDRESS	CITY	STATE	ZIP CODE

**VII: ACKNOWLEDGEMENT & SIGNATURE**

*I understand that my insurability will be verified and I may not be eligible for employment in a driving essential position or; if employed, I may be terminated because I am uninsurable.*

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

I certify that the answers given herein are true and complete to the best of my knowledge; and I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of my employment, I understand that false or misleading information given in my application or interview(s) may result in disciplinary action that could lead to termination of my employment.

PRINTED NAME	SIGNATURE	DATE
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Return completed application to the Mills Police Department via mail (any carrier) at the address listed below, e-mail (BPreciado@millswy.gov), or hand deliver to the front office (Monday – Friday 8AM – 5PM).

**Thank you for your interest in employment with the Mills Police Department. If your application is accepted, you will be invited to participate in the next scheduled testing process. You will be contacted with details when the next testing process is scheduled.**

Sincerely,  
**Bryon Preciado, Chief**

**\* MILLS POLICE DEPARTMENT \* 4800 W. YELLOWSTONE HWY \* MILLS \* WYOMING \* 82604 \*  
 \* OFFICE: (307) 266-4796 \* FAX: (307) 235-8976 \***