

## CONVERSE COUNTY SEARCH & RESCUE 1201 Mesa Drive Ste. C – DOUGLAS, WY 82633

Phone: 307-358-4700 Fax: 307-624-1007

## **APPLICATION**

Date of App	Received:			
Referred B	y:			<del></del>
Section #	1 Personal	Information		
Name: Last	t	First		MI
Date of Bir	th:			
Driver's Li	cense State	& Number:		
Email addr	ress:			
<b>Physical Ac</b>	ddress:			
City:			State:	
Place of Bir	rth:			_
Married	Single	Separated	Divorced	
Widowed_		<u> </u>		
<b>Home Phor</b>	ne:			
<b>Cell Phone</b> :				
Work Phon	ie:		· · · · · · · · · · · · · · · · · · ·	
<b>Employer:</b>				
Supervisors	s Name:			
		GENCY CONTAC		nber, and Relation)
Have you b violations?	een convict YES N	ted of a Felony? ted of a Misdemea NO te, city, state, if ar	nor, includin	
			<del> </del>	

## **SECTION #2** Education/Experience/Attendance

High School:				
Diploma: YES NO				
College/Trade School:				
Degree: YES NO				
Type: Associates Program:	Bachelor	'S	Masters	Doctorate
Search and Rescue Exper	ience and	Traini	ng:	
Emergency Response Tra Law Enforcement):	ining and	Exper	ience: (Fire	, EMS, CERT,
			<del> </del>	
Military Information				
Branch of Service:		<del></del>		
Years Served:	7.0	<b>3</b> 10		
Honorable Discharge: YI	$\in$ S	NO		

## **Section #3** Physical Information/Medical History List any Physical/Medical Concerns: **List Family History of Physical/Medical Concerns: List all Allergies:** Are you willing to perform a physical fitness test? YES NO I authorize and understand that an investigation of all statements contained in this application will be conducted. I understand that misrepresentations or omissions of fact are cause for dismissal. Signature of Applicant **Date**