

**Goshen County, Wyoming  
Emergency Management Coordinator  
County Appointment Application**

**Return application to:  
Goshen County Clerk  
2125 E. A St Rm 120; PO Box 160  
Torrington, WY 82240**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

Jurisdiction of Appointment: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No      Naturalized?  Yes  No

Have you ever been charged or convicted of a felony offense?  Yes  No

If yes, provide details: \_\_\_\_\_

Do you belong or have you ever belonged to any organization or group that advocates the overthrow of the government of the United States of State of Wyoming by force, violence, or other unlawful means?  Yes  No

Have you received other than an honorable discharge from the military?  Yes  No

Date of discharge: \_\_\_\_\_      Type of discharge: \_\_\_\_\_

Education (High School/College) / Degree(s): \_\_\_\_\_

Other Job-Related Training and/or Experience: \_\_\_\_\_

Employment History (past 7 years): \_\_\_\_\_

*Attached additional page if needed.*

List names, addresses and phone numbers of two (2) personal references other than family members or employers: \_\_\_\_\_

Are you employed within your jurisdiction in another capacity?  Yes  No

If yes, please explain. \_\_\_\_\_

*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 of appointment. By signing this form, I authorize Goshen County, Wyoming to conduct a background investigation.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date