



SUBLETTE COUNTY SHERIFF'S OFFICE



K.C. Lehr
Sheriff

P.O. Box 701
35½ South Tyler
Pinedale, WY 82941

APPLICATION FOR EMPLOYMENT SUBLETTE COUNTY SHERIFF'S OFFICE

CHECK AREA(S) APPLYING FOR:

- | | |
|---|--|
| <input type="checkbox"/> Patrol Deputy | <input type="checkbox"/> Communications Officer |
| <input type="checkbox"/> Detention Deputy | <input type="checkbox"/> Secretary/Records Clerk |
| <input type="checkbox"/> Other _____ | |

Instructions to the Applicant:

The information that you provide in this Personal History Statement will be used to assist in determining your suitability for employment with the Sublette County Sheriff's Office. An extensive background investigation will be conducted into your personal history prior to any hiring. Your background will be submitted to a Hiring Review Board. If the Board makes a favorable recommendation, you will be given a conditional offer of employment. This initial offer is conditional upon your successful completion of a medical examination, a psychological examination, a drug screening test, and other tests required by this agency. Based on the results of this final testing and further review by the Hiring Review Board, you may then be offered a position.



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SUBLETTE COUNTY SHERIFF'S OFFICE MISSION STATEMENT

Our mission is to maintain peace and order by providing the highest quality of Law Enforcement services that are responsive to the needs of the citizens of Sublette County.

We will accomplish this by building and maintaining a positive and productive working relationship with community groups, organizations, and most importantly, individual members. We will apprehend criminals and work to reduce or eliminate community problems by providing law enforcement services that are fair, unbiased, judicious, and respectful of the dignity of all individuals. We will be committed to upholding and defending the Constitution of the United States and the Constitution of the State of Wyoming.

CORE VALUES

Integrity without compromise
Service above self

Professionalism in the performance of duty

Vigilance in safeguarding our community.

EMPLOYMENT BY SUBLETTE COUNTY SHERIFF'S OFFICE

All employees are “at will employees” except for application of the provisions of W.S. §18-3-611, which applies to those employees qualifying thereunder. Any employee can be terminated from employment at any time, with or without cause, and with or without notice subject to W.S. § 18-3-611 which applies to those employees qualifying thereunder.

Keep in mind that:

1. The completion of this questionnaire is mandatory, as authorized by (W.S. §9-1-704 & 9-1-710) P.O.S.T. rules. (Chapters 2 & 6)
2. **All addresses, references, former employers, and previous residences must be complete with physical and mailing addresses or the application will be rejected.**
3. All statements are subject to verification.
4. Deliberate inaccuracies or incomplete statements will bar or remove you from any consideration for Employment with Sublette County Sheriff's Office.
5. All time periods in your background, unless otherwise specified, must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of the circumstances surrounding its occurrence, and consideration will be given to the degree of relevance it has to employment with a law enforcement agency. For example, having been fired from a job or having an arrest record may not, in and of itself, disqualify you from consideration for employment. During the investigation, the investigator will inquire into the facts surrounding each occurrence and an evaluation will be made about the relevance of these facts to the requirements of the position for which you have applied.

Please print your responses to this application in ink. Do not type on this form, do not have another person make entries for you. If a question does not apply to you, write "N/A" in the space provided for your answer. If you need additional space to answer a question, use a blank sheet of paper and attach it to this questionnaire. Remember to identify the additional information by the question number.

Please read the five (5) waivers at the end of this packet carefully and have your signature notarized before returning them to our office.

The contents of this questionnaire will be considered confidential and will be used only for investigating employment suitability with the Sublette County Sheriff's Office or another law enforcement agency in possession of a notarized permission waiver signed by you.

There is one exception to the confidentiality of your background investigation. Should it be discovered that you are currently involved in criminal activity, or have committed an undiscovered felony, the law enforcement agency having jurisdiction WILL BE NOTIFIED.

When complete, return this questionnaire along with the attachments, to the Sublette County Sheriff's Office either by mailing it to the address at the top of this letter, or in person at the main desk at:

PO BOX 701
35 ½ S Tyler Ave.
Pinedale, WY 82941

Any questions you may have regarding the completion of this packet may be addressed by contacting the Investigations Unit at: 307-367-4378

I have read and completely understand the above statement.

Signature of Applicant

Date

PERSONAL HISTORY STATEMENT

REQUIRED DOCUMENTS

Attach copies, unless the original is requested of the following documents, to this questionnaire. Failure to submit these documents in a timely manner will delay your consideration for employment. Some of these documents may not be applicable to you. Please indicate those that are attached with a check mark in the space provided.

- _____ 1. Signed and notarized release waivers.
- _____ 2. High school diploma or GED certificate. (**originals MUST be received by us in an officially sealed envelope from the school**).
- _____ 3. Transcripts from colleges or universities. (**originals MUST be received by us in an officially sealed envelope from the school**).
- _____ 4. Military discharge papers. (**MUST** include discharge status-long form).
- _____ 5. Citizenship or naturalization papers.
- _____ 6. Certified copy of your birth certificate. (**originals MUST be received by us in an officially sealed envelope from the issuing state**).
- _____ 7. All marriage licenses and divorce decrees.
- _____ 8. Name change documents.
- _____ 9. Peace Officer Standards and Training certificate of graduation from a police academy.
- _____ 10. Tax information authorization -IRS form 8821 (included) Section #7 (sign and date only)

**** All original documents must be sent to the following address:**

Sublette County Sheriff's Office
Attn: Background
PO Box 701
Pinedale, WY 82941

OPTIONAL DOCUMENTS

- 1. Copies of other certificates, awards or commendations you would like considered:

- 2. A full face photograph of yourself. Must have been taken within the last 3 months.
This is not required, but may be of assistance during the background check.

PERSONAL INFORMATION

The following information is required of you for verification and contact purposes:

1. Your Name (please print)

LAST FIRST MIDDLE

List other names you have used or been known by. Include maiden names, married or adopted name(s), or nicknames:

2. List physical address of the residence where you live:

List your mailing address if different than your physical:

3. List telephone numbers at which you can be contacted and the hours when you will be available:

- Home: _____
 - Work: _____
 - Cell: _____
 - Email: _____
 - Social Network Websites: _____
- _____

4. Date of Birth: _____
- Month Day Year

5. Place of birth (city, state and country): _____.
- If a naturalized citizen, date of naturalization: _____,
- location of naturalization: _____,
- certificate number: _____

6. Social Security Number: _____.
- In accordance with the Federal Act of 1974, disclosure is voluntary. This information will be used for identification purposes to ensure that proper records are obtained.

PERSONAL HISTORY STATEMENT

RELATIVE, REFERENCES, ACQUAINTANCES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position for which you have applied. Inquiries will be confined to job-relevant matters.

7. Please supply the appropriate information in the spaces below. If a category is not applicable, write "N/A".

Name _____ **Physical Address** _____ **Phone Number(s)** _____

Father _____

Mother _____

Father-in-law _____

Mother-in-law _____

Spouse _____

Former Spouse _____

Brothers and Sisters _____

Stepfather _____

Step Mother _____

Step brothers and sisters _____

List all of your children: indicate "son or daughter" whether "natural or adopted or step children"
Include phone numbers and current contact addresses:

RELATIVES, REFERENCES, ACQUAINTANCES (CONT)

8. List all personal or professional references 3-5 individuals who have knowledge of you and your qualifications.

NAME/RELATIONSHIP	ADDRESS	TELEPHONE
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

9. List individuals with whom you have resided within the past 10 years. List no information prior to your 15th birthday. **EXCLUDE FAMILY MEMBERS.**

NAME	ADDRESS	TELEPHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

RESIDENCE

10. List all of your residences during the last 10 years. Begin with your most current residence and proceed backward. If a residence was rented, give the landlord's name, address and telephone number. List no information prior to your 15th birthday.

ADDRESS OF RESIDENCE	DATES	REASON FOR LEAVING	LANDLORD INFORMATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

11. The Commission on Peace Officer Standards and Training requires a peace officer to possess a high school diploma or its equivalent. Please indicate your current status with regard to this requirement by checking the appropriate spaces.

- _____ I possess a high school diploma.
- _____ I passed the G.E.D (General Educational Development) test.
- _____ I possess the following college degrees:

12. List all the schools you have attended, beginning with high school. During the background investigation, persons who have known you in a learning environment may be contacted. A review of your school records may be made in conjunction with those contacts.

<u>NAME OF SCHOOL</u>	<u>LOC/CITY/STATE</u>	<u>DATES ATTENDED</u>	<u>TEACHER /REFERENCE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. Have you ever been suspended or expelled from any high school or post-secondary school? (college, universities, graduate schools, business and vocational schools, any formal training beyond high school)? **YES** _____ **NO** _____

If yes explain, include school, dates, circumstance.

EXPERIENCE AND EMPLOYMENT

14. Beginning with your most current employment, list all jobs you have in the past 10 years. For the purposes of the Personal History Statement, part-time, temporary, and voluntary work should be included. Please list all periods of unemployment in chronological sequence in the spaces provided for you between employment listings.

Should you need to list additional experience/employment information, please copy page 12.

NAME & ADDRESS OF EMPLOYER:

Telephone _____

Dates of employment: From: _____ To: _____

Full time _____ Part time _____ Voluntary _____ Military _____

Title or duties _____

Name you were known by _____

Name of supervisor: _____

Names of co-workers

(1) _____

(2) _____

(3) _____

Reason for leaving _____

UNEMPLOYED

FROM _____ **TO** _____

NAME & ADDRESS OF EMPLOYER:

Telephone _____

Dates of employment: From: _____ To: _____

Full time _____ Part time _____ Voluntary _____ Military _____

Title or duties _____

Name you were known by _____

Name of supervisor: _____

Names of co-workers

(1) _____

(2) _____

(3) _____

Reason for leaving _____

UNEMPLOYED

FROM _____ **TO** _____

NAME & ADDRESS OF EMPLOYER:

Telephone _____

Dates of employment: From: _____ To: _____

Full time _____ Part time _____ Voluntary _____ Military _____

Title or duties _____

Name you were known by _____

Name of supervisor: _____

Names of co-workers

(1) _____

(2) _____

(3) _____

Reason for leaving _____

UNEMPLOYED

FROM _____ TO _____

NAME & ADDRESS OF EMPLOYER:

Telephone _____

Dates of employment: From: _____ To: _____

Full time _____ Part time _____ Voluntary _____ Military _____

Title or duties _____

Name you were known by _____

Name of supervisor: _____

Names of co-workers

(1) _____

(2) _____

(3) _____

Reason for leaving _____

UNEMPLOYED

FROM _____ TO _____

NAME & ADDRESS OF EMPLOYER:

Telephone _____

Dates of employment: From: _____ To: _____

Full time _____ Part time _____ Voluntary _____ Military _____

Title or duties _____

Name you were known by _____

Name of supervisor: _____

Names of co-workers

(1) _____

(2) _____

(3) _____

Reason for leaving _____

UNEMPLOYED

FROM _____ **TO** _____

NAME & ADDRESS OF EMPLOYER:

Telephone _____

Dates of employment: From: _____ To: _____

Full time _____ Part time _____ Voluntary _____ Military _____

Title or duties _____

Name you were known by _____

Name of supervisor: _____

Names of co-workers

(1) _____

(2) _____

(3) _____

Reason for leaving _____

UNEMPLOYED

FROM _____ **TO** _____

15. Would any problem result if your present employer was contacted during the course of the background investigation? **YES** _____ **NO** _____.
 If "**YES**", when should such contact be made? _____

16. If you have had no prior employment, please explain here.

17. Have you ever been fired or asked to resign from any place of employment? **YES** _____ **NO** _____
 If "**YES**", give details to include when, name of employer and why.

18. Have you ever applied, successfully or unsuccessfully, for another position with any law enforcement agency? **YES** _____ **NO** _____. If "**YES**", please provide the year, agency and check off the process which completed and whether you were disqualified or hired.

<u>Year</u>	<u>Agency</u>	<u>Written</u>	<u>Physical</u>	<u>Oral</u>	<u>Background</u>	<u>Polygraph</u>	<u>Psych</u>	<u>Hired</u>	<u>Disqualified</u>	

MILITARY SERVICE

19. Have you ever served in the Armed Forces, National Guard or Military Reserves?

YES _____ **NO** _____

If “**YES**”, please supply the following information:

Branch of Service _____

Dates of service From _____ To _____

Type of Discharge _____

20. Have you registered with the Selective Service? **YES** _____ **NO** _____ If “**YES**”, when? _____

21. Have you ever been the subject of any judicial or non-judicial disciplinary action while in the Military, National Guard, or Military Reserves? **YES** _____ **NO** _____. If “**YES**”, please give details to include branch of service, when, where, circumstances.

22. Past commanding officers or other military acquaintances are potential sources of relevant information pertaining to your background. Please list those individuals who know you well enough to provide accurate information about you.

Name	Address	Telephone	Military Unit	Dates

FINANCIAL

23. The management of personal finances is relevant to an individual’s qualifications for a position with law enforcement agency. Therefore, please fill in the financial statement that follows. The amount of indebtedness, in itself, will not be used in evaluating your qualifications. The behavior exhibited in meeting your financial obligations will be reviewed. A credit reporting agency will be contacted for a report of your credit history.

CURRENT MONTHLY INCOME		CURRENT MONTHLY EXPENDITURES		
MONTHLY SALARY		MORTGAGE PAYMENTS		
SPOUSES SALARY		RENT		
OTHER MONTHLY INCOME		OTHER PAYMENTS		
		Estimate monthly cost of living, food, gas, utilities home and car maintenance and other obligations		
TOTAL MONTHLY INCOME		TOTAL MONTHLY EXPENDITURES		

CURRENT ASSETS		CURRENT LIABILITIES	
Savings		Mortgages	
Checking balance		Automobile loans	
Real Estate(appraised or market value)		Charge Accounts (total)	
Stocks and Bonds		Other liabilities	
Life Insurance (cash value)			
Automobiles			
Other assets (describe)			
Total Assets		Total Liabilities	

FINANCIAL (CONT)

24. Please supply the following information regarding financial institutions with which you have accounts or loans.

Institution (Bank, S&L, Loan Company)	Account number	Type of account (checking, savings, loan)

25. Please supply the following information about your charge accounts, contracts or other financial liabilities:

Name of Firm	Address	Account Number

26. Have you ever filed for or declared bankruptcy or filed for the Wage Earner's Plan? **YES** ____ **NO** ____ . If "YES", please give details to include when, where and why.

27. Within the past seven (7) years, have any of your bills ever been turned over to a collection agency? **YES** ____ **NO** ____ . If "YES", please give details to include when, firms involved and circumstances.

28. Within the last seven (7) years, have you ever had purchased goods repossessed? **YES** ____ **NO** ____ . If "YES", please give details to include when, firms involved, and circumstances.

29. With the last seven (7) years have your wages ever been garnished? **YES** ____ **NO** ____ . If "YES", please give details to include when, where and why.

FINANCIAL (CONT)

30. Have you ever been delinquent on child support, income tax, or other tax payments? **YES** _____ **NO** _____. If "YES", please give details to include when, where and why.

LEGAL

31. If you have been arrested, taken into physical custody, been issued a misdemeanor citation (exclude traffic citations) or convicted of any crime, please give the following information. (The fact that your record may have been affected by a sealing, an expungement, a release, or a pardon has specific legal implications as to how you answer this question.)

DATE	AGENCY	CHARGE	DISPOSITION

32. As an adult, have you ever been placed on probation by any court? **YES** _____ **NO** _____. If "YES", please give details to include when, where, and why.

33. Please list any other crimes, you have committed, REGARDLESS of whether stopped, arrested and/or convicted, to include what, when, where, how and why.

34. Are you now or have you ever been involved as a defendant in any civil court action? **YES** _____ **NO** _____. If "YES", please give details to include when, where, name of court and circumstances.

MOTOR VEHICLE OPERATION

35. Operation of a motor vehicle is an integral part of the position for which you have applied. An investigation of your driving history will be made through a records check. Please supply the following information:

<u>Driver's License Number</u>	<u>State</u>	<u>Name as printed on License</u>

36. Please list other states where you have been licensed to operate a motor vehicle.

STATE	NAME AS PRINTED ON LICENSE

37. Have you ever been refused a driver's license by any state? YES_____ NO_____. If "YES", please explain when, where and why.

38. Has your driver's license ever been suspended or revoked or placed on negligent operators, probation or restriction? YES_____ NO_____. If "YES", please give details to include when, where, and under what circumstances.

39. Please list all traffic citations you have received as an adult (after reaching the age of 18). **EXCLUDE PARKING CITATIONS.**

Nature of Violation	Location (city, state)	Approximate Date	Disposition

MOTOR VEHICLE OPERATION (CONT)

40. Please list all motor vehicle accidents in which you have been involved as a driver with the past seven (7) years.

Date	Location (city, state)	Investigating agency	Injury or Non injury?

41. If there is anything you wish to discuss about your driving record which has not already been covered in the preceding sections, please explain here.

42. Please list all vehicles registered to you and/or your spouse.

Year	Make	Model	License number	Vehicle ID number (VIN)

43. Wyoming Law requires that operators and owners of motor vehicles be covered by automobile liability insurance or possess a Certificate of Self-Insurance with the Department of Transportation. Therefore, please list the current liability insurance coverage that you have on your motor vehicles.

Company	Address	Policy Number	Expiration Date

44. Have you ever been refused auto insurance for any reason other than failure to pay a premium? YES _____ NO _____. If "YES", please explain, including the company name.

GENERAL INFORMATION

45. Are you now, or have you ever been a member of any foreign or domestic organization, association, movement, or group of persons that is, or was, totalitarian, fascist, communist, or subversive in nature, or which has adopted or expressed a policy of advocating or approving of the commission of acts of force or violence as a means to deny other persons their rights under the Constitution of the United States by unconstitutional means? **YES**_____ **NO**_____.

If "YES", identify the organization and explain fully.

46. Have you ever applied for a permit to carry a concealed firearm or other weapon?

YES_____ **NO**_____.

State and Name of Law Enforcement Agency_____

Purpose for permit_____

47. Are you willing to work all hours of the day, all days of the week, holidays and overtime when assigned? **YES**_____ **NO**_____.

48. If the necessity arose in the course of your employment to use deadly force on a human being, would you have any reluctance to do so? **YES**_____ **NO**_____.

49. Do you have anything in your background that may disqualify you from the position for which you are applying? **YES**_____ **NO**_____. If "YES", please explain.

DRUG USE QUESTIONNAIRE

50. Have you used, tried, experimented, or in any way introduced into your body by any means? For purposes of questions 50, 51, and 52, Marijuana is considered an illegal drug.

Drug	YES	NO	DATE FIRST USED	DATE LAST USED	USED ONCE	
MARIJUANA						
HASHISH, HASHISH OIL						
COCAINE						
CRACK, ROCK, ICE						
BARBITUATES, HYPNOTICS OR DOWNERS						
AMPHETAMINES						
METHAMPHETAMINES						
LSD OR OTHER HALLUCINOGENS						
PCP						
HEROINE OR OTHER OPIATES						
STEROIDS						
PRESCRIPTION DRUGS NOT PRESCRIBED FOR YOU						

QUESTIONNAIRE	YES	NO
Is there any other illegal drug, narcotic or controlled substance not listed above that you have introduced into your body?		
Have you introduced into your body a substance which you thought was an illegal drug and then found out that it was not?		
Have you ever injected an illegal drug into your body?		
Have you ever sold an illegal drug?		
Have you ever purchased any drug, narcotic or controlled substance other than by a doctor's prescription?		
Have you ever participated in the manufacturing, cultivation, or production of any illegal drug, narcotic or controlled substance?		
Have you ever acted as a courier by transporting any illegal drug, narcotic or controlled substance?		
Have you ever acted as a middle man, go-between, or done a favor for a friend by becoming involved in any illegal drug transaction?		
Have you ever told anyone where to purchase illegal drugs?		
Have you ever temporarily stored or held any illegal drug, narcotic, or controlled substance?		
Have you ever had illegal drugs in your possession while at work?		
Have you ever bought or sold any illegal drug at work?		
Are any illegal drugs presently in your home or car?		

ADDITIONAL INFORMATION

53. List organization, clubs, professional societies, or other associations of which you are, or have been a member (please include the name of the group, the city and state, and your present status or position in the group).

54. What are your personal hobbies? (What do you like to do during the times that you are not at work?) Please include any special skills or qualifications that might be useful in the position for which you've applied.

55. List the magazines and newspapers to which you currently subscribe:

56. List any identifying marks, scars, tattoos, burns, or birthmarks:

LETTER OF UNDERSTANDING

I am applying for a position with the Sublette County Sheriff's Office. I understand that there are certain requirements I must meet before I can be accepted into this position. I understand that I must submit to an extensive background investigation, which will consist of the following areas of concern, at a minimum:

- Review of my completed Personal History Statement
- Thorough criminal background check
- Thorough examination of prior employment
- Examination of my personal credit and financial report

A hiring review board will evaluate the results of this investigation and make a preliminary decision as to my potential suitability for employment. I may, at this point, receive a conditional offer of employment, which will be followed by completion of some or all of the following tests, depending upon the position being sought:

- Drug screening test
- Standard medical examination
- Psychological evaluation

The aforementioned tests will be administered in a manner selected by the Sublette County Sheriff's Office. I understand the results of these tests are the property of the agency to which I have applied, and that I will not receive copies of the reports nor any information contained in them, except as it may relate to a serious condition discovered by the examining physician.

A second hiring review board will evaluate all tests, in light of the requirements of the job, along with the previous information and will make a final decision as to my suitability for employment.

I agree to assist in the expedient conclusion of these reviews and examinations. I understand that successful completion of this process does not guarantee employment with the Sublette County Sheriff's Office, only that I will be considered for positions as they become available, pursuant to established rules and regulations of the Sublette County Sheriff's Office. I have read and understand the content and purpose of this LETTER OF UNDERSTANDING. I agree to abide by these requirements as a condition of employment with the Sublette County Sheriff's Office.

Signature of the Applicant _____

Subscribed and Sworn before me on this _____ day of _____, 20____

Notary Public in and for said County of _____ State of _____

Notary Public

CERTIFICATION AND PENALTY

I hereby declare that all statements and information provided to the Sublette County Sheriff's Office in this Personal History Statement, as well as any other statements and information provided for my pre-employment background investigation or any other phase of my pre-employment screening, are true and complete to the best of my knowledge and belief. I understand that any mis-statement of material fact, willful omission of material fact, or willful deception will be cause for disqualification and rejection as a candidate for employment without appeal. I further understand that these aforementioned mis-statements omissions or deception are also grounds for termination after employment without notice and without any right of appeal.

Dated this _____ day of _____ 20 ____

Signature of the Applicant _____

Subscribed and Sworn before me on this _____ day of _____, 20 ____

Notary Public in and for said County of _____ State of _____

Notary Public

Please mark the appropriate response. Failure to mark one of the three will result in the denial of your application:

- I am not subject to court order for the support of a child.
- I am subject to a court order for the support of one or more children and I am in compliance with the order, or I am in compliance with a plan approved by the District Attorney (or other public agency) enforcing the order for the repayment of the amount owed, pursuant to the order.
- I am subject to a court order for the support of one or more children and I AM NOT in compliance with the order of a plan approved by the District Attorney or other public agency, enforcing the order for the repayment of the amount owed, pursuant to the order.

Applicant's social security number: _____

Dated this _____ day of _____, 20____

Signature of the Applicant _____

Subscribed and Sworn before me on this _____ day of _____, 20____

Notary Public in and for said County of _____ State of _____

Notary Public



SUBLETTE COUNTY SHERIFF'S OFFICE

K.C. Lehr
Sheriff

P.O. Box 701
35½ South Tyler
Pinedale, WY 82941



WAIVER OF LIABILITY: INDEMNIFICATION AGREEMENT AND COVENANT NOT TO SUE NOTICE.

This is a legally binding agreement. By signing this agreement, you give up your right to bring court action to recover compensation or obtain any other remedy for injuries to yourself or your property or for your death arising out of your participation in the Sublette County Sheriff's Office physical testing process. This agreement applies now or anytime in the future.

Acknowledgement of risk: I, the undersigned user, hereby acknowledge and agree that running, swimming, biking, or any other activity associated with the Sublette County Sheriff's Office physical testing poses inherent risks. I have full knowledge of the nature and extent of all of the risks associated with my participation in the Sublette County Sheriff's Office physical testing.

The undersigned user shall release, indemnify, defend, and forever hold harmless the County, its officers, agents, employees, successors, and assignees from any and all claims, lawsuits, losses, damages, and liabilities arising out of any activity performed under this Agreement. This Agreement shall inure to and is binding upon user's heirs, executors, representatives and assigns.

Signature of Participant

Date



SUBLETTE COUNTY SHERIFF'S OFFICE

K.C. Lehr
Sheriff

P.O. Box 701
35½ South Tyler
Pinedale, WY 82941



AUTHORIZATION TO RELEASE INFORMATION

Name of Applicant (print) _____

Date of Birth _____

SSN# _____

As an applicant for a position with the Sublette County Sheriff's Office, I am required to furnish information for use in determining my qualifications and suitability. I realize that this agency will not release the information provided to them to any person, including myself. The information submitted to this agency is confidential and will be used only for investigating my suitability for law enforcement employment.

Toward this end, I authorize release of any and all information that you may have concerning me, including information of a confidential or privileged nature. I hereby authorize all my previous employers, physicians, and professionals who may have examined or treated me, friends, acquaintances, credit reporting services, public agencies and all others to furnish to the Sublette County Sheriff's Office any and all information they may have concerning me.

I hereby release you, your organization, or others, from liability or damage which may result from furnishing the information requested. I further authorize that a photocopy of this form shall be for all intents and purposes, as valid as the original. I authorize you to retain a copy of this form for your files.

This release is valid for any information supplied within one (1) year of the date of my signature.

Signature of the Applicant _____

Subscribed and Sworn before me on this _____ day of _____, 20____

Notary Public in and for said County of _____ State of _____

Notary Public



SUBLETTE COUNTY SHERIFF'S OFFICE

K.C. Lehr
Sheriff

P.O. Box 701
35½ South Tyler
Pinedale, WY 82941



PRE-EMPLOYMENT INVESTIGATION DISCOVERY WAIVER

As an applicant to the Sublette County Sheriff's Office for the position of _____, I recognize that an employing law enforcement agency has a legal, as well as a moral obligation to take very reasonable effort to ensure that persons employed by them as peace officers, or in other positions, conform to the very highest standards.

Therefore, I release and hold harmless the Sublette County Sheriff's Office and their officers, agents, or assigns, now and in the future, from any claim for damages in law or inequity on behalf of myself, my heirs and assigns, for their refusal to make available any and all information contained in this pre-employment investigation. Including but not limited to the identity (ies) of any person(s) and or organization(s) which may have supplied information in the course of this investigation, as well as the substance of any information supplied.

I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.

Dated this _____ day of _____, 20____

Signature of the Applicant _____

Subscribed and Sworn before me on this _____ day of _____, 20____

Notary Public in and for said County of _____ State of _____

Notary Public

Form 4506-T

(Rev. September 2015)
Department of the Treasury
Internal Revenue Service

Request for Transcript of Tax Return

- ▶ Do not sign this form unless all applicable lines have been completed.
- ▶ Request may be rejected if the form is incomplete or illegible.
- ▶ For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-1872

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use **Form 4506, Request for Copy of Tax Return**. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.	

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has no control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. ▶

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.

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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** For transcripts being sent to a third party, this form must be received within 120 days of the signature date.

Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.

		Phone number of taxpayer on line 1a or 2a
Signature (see instructions)	Date	
Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature	Date	

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. You can also designate (on line 5) a third party to receive the information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart below shows two different addresses, send your request to the address based on the address of your most recent return.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Kentucky, Louisiana, Mississippi, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301 512-460-2272
Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Utah, Washington, Wisconsin, Wyoming	Internal Revenue Service RAIVS Team Stop 37106 Fresno, CA 93888 559-456-7227
Connecticut, Delaware, District of Columbia, Florida, Georgia, Maine, Maryland, Massachusetts, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Vermont, Virginia, West Virginia	Internal Revenue Service RAIVS Team Stop 6705 P-6 Kansas City, MO 64999 816-292-6102

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 801-620-6922
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team P.O. Box 145500 Stop 2800 F Cincinnati, OH 45250 859-669-3592

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. If you completed line 5 requesting the information be sent to a third party, the IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.

 **CAUTION** You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice.

We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form, 10 min.;** **Preparing the form, 12 min.;** and **Copying, assembling, and sending the form to the IRS, 20 min.**

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Tax Information Authorization

▶ Information about Form 8821 and its instructions is at www.irs.gov/form8821.
 ▶ Do not sign this form unless all applicable lines have been completed.
 ▶ Do not use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

OMB No. 1545-1165
For IRS Use Only
 Received by: _____
 Name _____
 Telephone _____
 Function _____
 Date _____

1 Taxpayer information. Taxpayer must sign and date this form on line 7.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number
	Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached** ▶

Name and address	CAF No. _____
	PTIN _____
	Telephone No. _____
	Fax No. _____
	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

3 Tax Information. Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6 ▶

- 5 Disclosure of tax information** (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):
- a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ▶
 - Note.** Appointees will no longer receive forms, publications, and other related materials with the notices.
 - b If you do not want any copies of notices or communications sent to your appointee, check this box ▶

6 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box is not checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain. ▶

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.
 ▶ DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature	Date
Print Name	Title (if applicable)

Instructions for Form 8821

(Rev. March 2015)



Department of the Treasury
Internal Revenue Service

Tax Information Authorization

Section references are to the Internal Revenue Code unless otherwise noted.

General Instructions

Future Developments. For the latest information about developments related to Form 8821 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form8821.

Purpose of Form

Form 8821 authorizes any individual, corporation, firm, organization, or partnership you designate to inspect and/or receive your confidential information verbally or in writing for the type of tax and the years or periods you list on Form 8821. Form 8821 is also used to delete or revoke prior tax information authorizations. See the instructions for [line 6](#), later.

You may file your own tax information authorization without using Form 8821, but it must include all the information that is requested on Form 8821.

Form 8821 does not authorize your appointee to speak on your behalf; to execute a request to allow disclosure of return or return information to another third party; to advocate your position with respect to federal tax laws; to execute waivers, consents, closing agreements; or represent you in any other manner before the IRS. Use Form 2848, Power of Attorney and Declaration of Representative, to authorize an individual to represent you before the IRS. The appointee may not substitute another party as your authorized designee.

Where To File Chart

IF you live in...	THEN use this address...	Fax number*
Alabama, Arkansas, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Mississippi, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, or West Virginia	Internal Revenue Service Memphis Accounts Management Center 5333 Getwell Road, Stop 8423 Memphis, TN 38118	855-214-7519
Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Minnesota, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wisconsin, or Wyoming	Internal Revenue Service 1973 N. Rulon White Blvd. MS 6737 Ogden, UT 84201	855-214-7522
All APO and FPO addresses, American Samoa, nonpermanent residents of Guam or the U.S. Virgin Islands**, Puerto Rico (or if excluding income under Internal Revenue Code section 933), a foreign country, U.S. citizens and those filing Form 2555, 2555-EZ, or 4563.	Internal Revenue Service International CAF Team 2970 Market Street MS:3-E08.123 Philadelphia, PA 19104	855-772-3156 267-941-1017 (Outside the United States)

* These numbers may change without notice. For updates, go to www.irs.gov/form8821 and search under "Recent Developments."

**Permanent residents of Guam should use Department of Taxation, Government of Guam, P.O. Box 23607, GMF, GU 96921; permanent residents of the U.S. Virgin Islands should use V.I. Bureau of Internal Revenue, 6115 Estate Smith Bay, St. Thomas, V.I. 00802.

Authorizations listed on prior Forms 8821 are automatically revoked unless you attach copies of your prior Forms 8821 to your new submissions.



Your appointee is never allowed to endorse or negotiate a taxpayer's refund check or receive a taxpayer's refund via direct deposit.

Need a copy of tax return information? Go to irs.gov and click on "Get Transcript of Your Tax Records" under "Tools" to obtain and print a transcript of your past tax returns, or request the transcript be mailed to you. IRS transcripts of your tax return are often used instead of a copy of the actual tax return to validate income and tax filing status for mortgage applications, student and small business loan applications, and during tax preparation.

You may also request transcript information by mail by completing Form 4506-T, Request for Transcript of Tax Return, or Form 4506-TEZ, Short Form Request for Individual Tax Return Transcript.

If you want a photocopy of an original tax return, use Form 4506, Request for Copy of Tax Return. There is a fee for each return ordered, which must be paid with your request.

When a properly executed Form 8821 is on file with the IRS, your appointee can also get on-line tax information through e-Services - Online Tools for Tax Professionals at irs.gov.

Form 56. Use Form 56, Notice Concerning Fiduciary Relationship, to notify the IRS of the existence of a fiduciary relationship. A fiduciary (trustee, executor

administrator, receiver, or guardian) stands in the position of a taxpayer and acts as the taxpayer, not as a representative. A fiduciary may authorize an individual to represent or perform certain acts on behalf of the person or entity by filing a power of attorney that names the eligible individual(s) as representative(s) for the person or entity. Because the fiduciary stands in the position of the person or entity, the fiduciary must sign the power of attorney on behalf of the person or entity.

When To File

If you are submitting Form 8821 to authorize disclosure of your confidential tax information for a purpose other than addressing or resolving a tax matter with the IRS (e.g., for income verification required by a lender), the IRS must receive the Form 8821 within 120 days of the taxpayer's signature date on the form. This 120-day requirement does not apply to a Form 8821 submitted to authorize disclosure for the purpose of assistance with a tax matter with the IRS.

Where To File

If you check the box on line 4, mail or fax Form 8821 to the IRS office handling the specific matter. Otherwise, mail or fax Form 8821 directly to the IRS address according to the [Where To File Chart](#), earlier.

Taxpayer Identification Number (TIN)

A TIN is used to confirm the identity of a taxpayer and identify the taxpayer's return and return information. It is important that you furnish your correct name, social security number (SSN), individual taxpayer identification number (ITIN), and/or employer identification number (EIN).

Partnership Items

A tax matters partner is authorized to perform certain acts on behalf of an affected partnership. Rules governing the use of Form 8821 do not replace any provisions of law concerning the tax treatment of partnership items.

Appointee Address Change

If your appointee's address changes, a new Form 8821 is not required. The appointee can provide the IRS with the new information by sending written notification of the new address to the location where the Form 8821 was filed. Your appointee must sign and date the written notice of address change.

Specific Instructions

Line 1. Taxpayer Information

Individual. Enter your name, TIN, and your street address in the space provided. Do not enter your appointee's name or address information in the Taxpayer Information box. If a return is a joint return, the appointee(s) identified will only be authorized for you. Your spouse, or former spouse, must submit a separate Form 8821 to designate an appointee.

Corporation, partnership, or association. Enter the name, EIN, and business address.

Employee plan or exempt organization. Enter the name, address, and EIN or SSN of the plan sponsor/plan name, exempt organization or bond issuer. Enter the three-digit plan number when applicable. If you are the plan's trustee and you are authorizing the IRS to disclose the tax information of the plan's trust, see the instructions relating to the trust.

Trust. Enter the name, title, and address of the trustee, and the name and EIN of the trust.

Estate. Enter the name and address of the estate. If the estate does not have a separate identification number, enter the decedent's SSN or ITIN.

Line 2. Appointee

Enter your appointee's full name. Use the identical full name on all submissions and correspondence. Enter the nine-digit CAF number for each appointee. If an appointee has a CAF number for any previously filed Form 8821 or power of attorney (Form 2848), use that number. If a CAF number has not been assigned, enter "NONE," and the IRS will issue one directly to your appointee. The IRS does not assign CAF numbers to requests for employee plans and exempt organizations.

If you want to name more than one appointee, check the box on line 2, and attach a list of appointees to Form 8821. Provide the address, and requested numbers for each appointee named.

If Form 8821 is being submitted for the sole purpose of updating the appointee's address or telephone/fax number, check the applicable box.

Line 3. Tax Information

Enter the type of tax information, the tax form number, the years or periods, and the specific matter. For example, you may list "Income, 1040" for calendar year "2014" and "Excise, 720" for "2014" (this covers all quarters in 2014).

For multiple years or a series of inclusive periods, including quarterly periods, you may enter, for example, "2012 thru 2014" or "2nd 2013-3rd 2014." For fiscal years, enter the ending year and month, using the YYYYMM format.

Do not use a general reference such as "All years," "All periods," or "All taxes." Any tax information authorization with a general reference will be returned.

You may list the current year/period and any tax years or periods that have already ended as of the date you sign the tax information authorization. You may also list future tax years or periods. **However, the IRS will not record on the CAF system future tax years or periods listed that exceed 3 years from December 31 of the year that the IRS receives the tax information authorization.**

You must enter the description of the matter, the tax form number, and the future year(s) or period(s). If the matter relates to estate tax, enter the date of the decedent's death instead of the year or period. If the matter relates to an employee plan, include the plan number in the description of the matter.

If you appoint someone only with respect to a penalty and interest due on that penalty, enter "civil penalty" in

column (a), and if applicable, enter the tax year(s) for the penalty. Enter "NA" (not applicable) in column (b). You do not have to enter the specific penalty.

If the taxpayer is subject to penalties related to an individual retirement account (IRA) enter "IRA civil penalty" in column (a).

Note. If Form W-2 is listed on line 3, then the appointee is entitled to receive taxpayer notices regarding any civil penalties and payments related to that Form W-2. A Form 8821 that lists a particular tax return will also entitle the appointee to receive the taxpayer notices regarding any return-related civil penalties and payments. For example, if Form 1040 is listed, the appointee is entitled to receive taxpayer notices regarding the section 5000A individual shared responsibility payment. Specific reference to those penalties and payments is not required. However, any civil penalty or healthcare-related payment that is not return-related, such as the section 4980H employer shared responsibility payment, the annual fee for branded prescription drug sales under section 9008 of the Affordable Care Act (ACA), or health insurance provider fee under section 9010 of the ACA, is not covered by the Form 8821 unless column (a) references "civil penalties" or the name of a specific penalty or payment.

Column (d). Enter any specific information you want the IRS to provide. Examples of column (d) information: lien information, balance due amount, a specific tax schedule, section 4980H employer shared responsibility payment information, or a tax liability.

Enter "not applicable" in column (d) if you are not limiting your appointee's authority to inspect and/or receive all confidential tax information described in columns (a), (b), and (c).

For requests regarding Form 8802, Application for United States Residency Certification, enter "Form 8802" in column (d) and check the specific box on line 4. Also, enter the appointee's information as instructed on Form 8802.

Line 4. Specific Use Not Recorded on CAF

Generally, the IRS records all tax information authorizations on the CAF system. However, authorizations relating to certain issues are not recorded. Check the box on line 4 if Form 8821 is being submitted for any of the following reasons.

1. Requests to disclose information to loan companies or educational institutions.
2. Requests to disclose information to federal or state agency investigators for background checks.
3. Requests for information regarding the following forms:
 - a. Form SS-4, Application for Employer Identification Number,
 - b. Form W-2 Series,
 - c. Form W-4, Employee's Withholding Allowance Certificate,
 - d. Form W-7, Application for IRS Individual Taxpayer Identification Number,

e. Form 843, Claim for Refund and Request for Abatement,

f. Form 966, Corporate Dissolution or Liquidation,

g. Form 1096, Annual Summary and Transmittal of U.S. Information Returns,

h. Form 1098, Mortgage Interest Statement,

i. Form 1099 Series,

j. Form 1128, Application to Adopt, Change or Retain a Tax Year,

k. Form 2553, Election by a Small Business Corporation, or

l. Form 4361, Application for Exemption From Self-Employment Tax for Use by Ministers, Members of Religious Orders and Christian Science Practitioners.

If you check the box on line 4, your appointee should mail or fax Form 8821 to the IRS office handling the matter. Otherwise, your appointee should bring a copy of Form 8821 to each appointment to inspect or receive information. A specific-use tax information authorization will not revoke any prior tax information authorizations.

Line 5. Disclosure of Tax Information

The IRS will send copies of notices and communications to no more than two appointees. If you check the box for line 5a and the IRS has a prior Form 2848 or 8821 from you that authorized other appointees to receive copies of notices and communications for the same tax and tax years, the IRS will stop sending notices and communications to the appointees designated on the prior Form 2848 or 8821.

Line 6. Retention/Revocation of Prior Tax Information Authorizations

If the line 4 box is checked, skip line 6. If line 4 is not checked, the IRS will automatically revoke all prior tax information authorizations on file unless you instruct otherwise. If you do not want a prior tax information authorization submission to be revoked, you must attach a copy of the tax information authorization that you want to retain and check the line 6 box.

Revocation request. If you want to revoke a prior tax information authorization without submitting a new authorization, write "REVOKE" across the top of the particular authorization that you want to revoke. Provide a current taxpayer signature and date under the original signature that was provided on line 7.

If you do not have a copy of the tax information authorization you want to revoke, send a notification to the IRS. In the notification:

1. State that the authority of the appointee is revoked,
2. List the name and address of each appointee whose authority is being revoked,
3. List the tax matters and tax periods, and
4. Sign and date the notification.

If you are completely revoking the authority of the appointee, state "revoke all years/periods" instead of listing the specific tax matters, years, or periods.

To revoke a specific use tax information authorization, send the tax information authorization or notification of revocation to the IRS office handling your case, using the above instructions.

Line 7. Signature of Taxpayer

Individual. You must sign and date the authorization. If a joint return has been filed, your spouse must execute his or her own authorization on a separate Form 8821 to designate an appointee.

Corporation. Generally, Form 8821 can be signed by:

1. An officer having authority under applicable state law to bind the corporation,
2. Any person designated by the board of directors or other governing body,
3. Any officer or employee on written request by any principal officer and attested to by the secretary or other officer, and
4. Any other person authorized to access information under section 6103(e)(1)(D), except for a person described in section 6103(e)(1)(D)(iii) (bona fide shareholders of record owning 1% or more of the outstanding stock of the corporation).

Partnership. Generally, Form 8821 can be signed by any person who was a member of the partnership during any part of the tax period covered by Form 8821. See *Partnership Items*, earlier. If the Form 8821 covers more than one tax year or tax period, the person must have been a member of the partnership for all or part of each tax year or period covered by Form 8821.

Employee plan. If the plan is listed as the taxpayer on line 1, a duly authorized individual having authority to bind the taxpayer must sign and that individual's exact title must be entered.

Trust. A trustee having the authority to bind the trust must sign with the title of trustee entered. If the trust has not previously submitted a completed Form 56, Notice Concerning Fiduciary Relationship, identifying the current trustee, the trust must submit a Form 56 to identify the current trustee.

Estate. An executor having the authority to bind the estate must sign. A Form 56 should be filed to identify the executor. If there is more than one executor, only one executor having the authority to bind the estate is required to sign. See Regulations section 601.503(d).

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Privacy Act and Paperwork Reduction Act Notice

We ask for the information on this form to carry out the Internal Revenue laws of the United States. Form 8821 authorizes the IRS to disclose your confidential tax information to the person you appoint. This form is provided for your convenience and its use is voluntary. The information is used by the IRS to determine what confidential tax information your appointee can inspect and/or receive. Section 6103(c) and its regulations require you to provide this information if you want to designate an appointee to inspect and/or receive your confidential tax information. Under section 6109, you must disclose your identification number. If you do not provide all the information requested on this form, we may not be able to honor the authorization. Providing false or fraudulent information may subject you to penalties.

We may disclose this information to the Department of Justice for civil or criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping**, 6 min.; **Learning about the law or the form**, 12 min.; **Preparing the form**, 24 min.; **Copying and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 8821 simpler, we would be happy to hear from you. You can send your comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to the Internal Revenue Service, Tax Forms and Publications, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224. **Do not** send Form 8821 to this address. Instead, see the *Where To File Chart*, earlier.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe al Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G. Street N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list,	b. Federal Trade Commission: Consumer Response Center – FCRA

in addition to the CFPB:	Washington, DC 20580 (877) 382-4357
2. To the extent not included in item 1 above:	
a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050
b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act	b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480
c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations	c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106
d. Federal Credit Unions	d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 th Floor Washington, DC 20549
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E.

	Washington, DC 20549
8. Federal Land Banks, Federal Lank Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090
9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357

DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE REPORT

The Employer ("Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, supervisors, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Further, you understand that information may be requested from various Federal, State, County and other agencies that maintain records concerning your past activities relating to your driving, criminal, civil, education, credit, and other experiences. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable period of time after receipt of this notice, to request whether a consumer report has been conducted about you, disclosure of the nature and scope of any investigative consumer report, and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your employment and/or education history. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law, unless you otherwise revoke your consent by providing written notification to Company. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

The consumer and/or investigative consumer report(s) will be obtained from:

AAA CREDIT SCREENING SERVICES
17041 EL CAMINO REAL SUITE 102
HOUSTON , TX 77058
281-282-0447 (PHONE) 281-286-7128 (FAX)
WWW.AAACREDIT.NET

California, Minnesota, and Oklahoma applicants or employees only:

Please check the appropriate box below if you would like to receive a copy of your investigative consumer report or consumer credit report at no charge.

.New York and Maine applicants or employees only:

You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only:

Upon request, you will be informed whether or not a consumer report was requested by Employer, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

Oregon applicants or employees only:

Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only:

You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Please check the appropriate box to indicate if you would like to receive a copy of your consumer report. (CA, MN, and OK only)

YES, I WOULD LIKE A FREE COPY OF MY REPORT

NO, I WAIVE MY RIGHT TO A FREE COPY OF MY REPORT

Signature: _____ Date: _____



APPLICATION

Full Name _____

Address _____

City/State/Zip _____

Home Phone _____

Social Security Number _____

Drivers License Number _____

State Driver's License Issued _____

Date of Birth _____

Position Being Considered For _____

PLEASE READ CAREFULLY

I hereby authorize you to make any investigation of my personal history, employment history, financial records, criminal history, driving records and credit records through any investigative, credit agencies or bureaus of your choice. I acknowledge that I have been given and read a stand alone, Consumer Disclosure that a consumer report or investigative consumer report may be requested and used for purpose of evaluating me for employment, promotion, reassignment or retention as an employee.

(Applicant Signature)

Client Name: _____

Send Results via Email or Fax: _____