



# Sublette County Unified Fire

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PO Box 2410, Pinedale, WY 82941    Tel: 307-360-3110    Email: [unifiedfire@sublettewyo.com](mailto:unifiedfire@sublettewyo.com)

Dear Applicant:

Thank you for your interest in becoming a member of Sublette County Unified Fire. Our success as a community service organization depends on knowledgeable, educated and dependable people who are willing to give time and effort for a common goal. We are pleased to see your interest in being part of our family.

The process of becoming a Sublette County Unified Fire member is straightforward. Please complete the attached application in its entirety. Include all names, telephone numbers, and addresses, etc. A background and driving record check will be conducted from this information. A copy of your valid driver's license must accompany your application. Please submit your completed application to Sublette County Unified Fire, PO Box 2410, Pinedale, WY 82941. Following receipt of the completed application and successful background check, you will be enrolled in the upcoming firefighter recruit academy.

The objective of the firefighter recruit academy is to provide each applicant with the minimum training required to function as a member of the department. It will cover both classroom and practical skills training that will provide basic firefighting and department operational knowledge. You will also be asked to attend regular training session with the fire department. These sessions will serve to introduce you to the fire department's members and likewise them to you.

Firefighter recruit classes begin in January of each year. It will require approximately 180 training hours and will include a health physical exam. Following the receipt of your completed application, you will be contacted to verify the time and location of the recruit academy. If you have any questions please feel free to call me at 307-360-3110.

On behalf of Sublette County Unified Fire we look forward to having you as a member.

A handwritten signature in blue ink that reads "Shad Cooper". The signature is fluid and cursive.

Shad Cooper  
Fire Chief/County Fire Warden



# Sublette County Unified Fire

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PO Box 2410, Pinedale, WY 82941    Tel: 307-360-3110    Email: unifiedfire@sublettewyo.com

Attached is my application for membership with Sublette County Unified Fire. I have given my full name, address, and other pertinent information as requested. I understand that this application must be completed in its entirety to receive consideration for membership.

I certify that I have carefully completed this application, and that I have given all information herein without omission or falsification. I further attest that no information has been withheld about my background.

I certify that I am least eighteen years of age (excluding high school cadets); I am a legal resident of the United States and a resident of Sublette County, Wyoming; I hold a valid drivers' license; I have a social security number; and I have a high school diploma or GED equivalent.

By signing my name to this letter I consent to the investigation of all facts and circumstances given in the attached application for membership to Sublette County Unified Fire. I also consent to the interview of any references provided herein, and to any background investigation needed by law enforcement. I understand that I am also subject to random drug screening during my membership with the fire department.

I fully understand that should any information herein be investigated and found to be false, that I will be subject to dismissal from Sublette County Unified Fire without recourse. I understand all information provided herein shall be kept confidential pursuant to Wyoming Statue 16-4-203.

By signing below, I also agree that should I become a member of Sublette County Unified Fire, it is my responsibility to review the policies and procedures provided to me. It is also my responsibility to comply with these policies and procedures. I understand that if I fail to comply with these policies and procedures, I may face disciplinary actions and/or termination of my membership from the organization.

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Applicant Signature

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Date of Application

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Parent's Signature  
*For Cadet Program Only*

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Parent's Signature  
*For Cadet Program Only*

## Sublette County Unified Fire Application for Membership

Please print all information clearly.

<input type="checkbox"/> Regular Membership		<input type="checkbox"/> Cadet Program	
<b>Personal Information</b>			
Last Name:	First Name:	MI:	Nick Name:
Physical Address:			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
City:	State:	Zip:	Height: ,    ”
Mailing Address:		City:	State:    Zip:
Email address:		Driver's License #:	
Cell Phone:	Home Phone:	Work Phone:	Drive License Class:
Social Security #:	US Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Military Service</b>			
Branch: To:	From:	If in military, list type of discharge:	
<b>Employment History</b>			
Present Employer:		Position Held:	
Work Address:			
City:	State:	Zip:	How long present with employer: Years                    Months
Work Schedule: <input type="checkbox"/> Straight Days <input type="checkbox"/> Straight Nights <input type="checkbox"/> Straight Evenings <input type="checkbox"/> Shift Worker		Shift Length: <input type="checkbox"/> 8 hour <input type="checkbox"/> 10 hour <input type="checkbox"/> 12 hour <input type="checkbox"/> Other _____	
If less than (3) years with present employer, list previous employer(s). Most recent first			
Employer Name:	Address:	Phone:	Reason for Leaving:
Employer Name:	Address:	Phone:	Reason for Leaving:
<b>For Office Use Only</b>			
Date received application:	Date of next academy class:	Date contacted for academy class:	
Background Check: <input type="checkbox"/> Clear <input type="checkbox"/> N/C	Medical Exam: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Drug Screen: <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
Approved for Academy: <input type="checkbox"/> Yes <input type="checkbox"/> No    Date:			

**Sublette County Unified Fire  
Application for Membership**

Background Information				
Have you ever been convicted of a crime (Except traffic violations) <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, give the following information				
Offence Charged	City/County	State	Date	Disposition of Case
Are you now, or have you ever been under investigation, indictment, or probation for a felony or misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, list below				
Offence Charged	City/County	State	Date	Disposition of Case
Traffic Record				
Has your driver's license ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, give date, location & reason:				
Offence Charged	City/County	State	Date	Disposition of Case
Vehicle Insurance Company			Phone	
List all traffic citations you have received in the last five (5) years. (excluding parking tickets)				
Offence Charged	City/County	State	Date	
List any motor vehicle accidents within the last three (3) years. (excluding parking tickets)				
Location		Date	At Fault	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Education				
<i>If applying for Cadet Program, include a copy of latest report card.</i>				
Institution Name	State	Date of attendance From      Until		Did you graduate?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
If you did not graduate from high school, did you attain a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No				

## Sublette County Unified Fire Application for Membership

Firefighting Experience and Training			
Have you previously been a member of a fire department? <input type="checkbox"/> Yes <input type="checkbox"/> No                      If yes, list departments below:			
Department Name	Address	From	Until
Are you a certified firefighter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Level:	Date received:
Are you a certified instructor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Level:	Date received:
Have you attended any firefighting schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Attach copies of any certificates you have received</i>	
References			
Have you ever applied for membership with Sublette County Unified Fire? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you a member of another department? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List any members of Sublette County Unified Fire with whom you are acquainted:			
Name		Phone	
List two (2) School Instructor references <i>(Cadet Program Only)</i>			
Name	Address	Phone	
List three (3) references, other than relatives and others named above:			
Name	Address	Phone	Relationship
Emergency Contact Information			
Name	Address	Phone	Relationship
Why do you want to become a member of Sublette County Unified Fire?			
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Sublette County Unified Fire  
Application for Membership

How Did You Hear About Us

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Statement of Veracity

**Review your answers carefully and read the statement below before signing**

I represent and warrant that the answers I have given are complete and true to the best of my knowledge and belief.

I further acknowledge that I have read and understood the questions regarding criminal records and my background, and that I have answered these questions thoroughly and truthfully.

I understand that failure to answer all questions completely and sincerely will subject me to dismissal from Sublette County Unified Fire.

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

\_\_\_\_\_  
Date Signed