

4341 Form Personnel Authorized to Carry Concealed Firearms - Application

The purpose of this form is to provide information to determine if the Board will authorize you to carry a concealed carry firearm on school district property pursuant to Policy 4341.

Name (Last, First, MI) _____ Date of Birth (MM-DD-YY) _____

Telephone Number (with area code) Hm: _____ Wk: _____ Cell: _____

School/Buildings Employed: _____ Position(s): _____

Years in District: _____ Supervisor(s): _____

Current Concealed Carry Wyoming Permit Number: _____

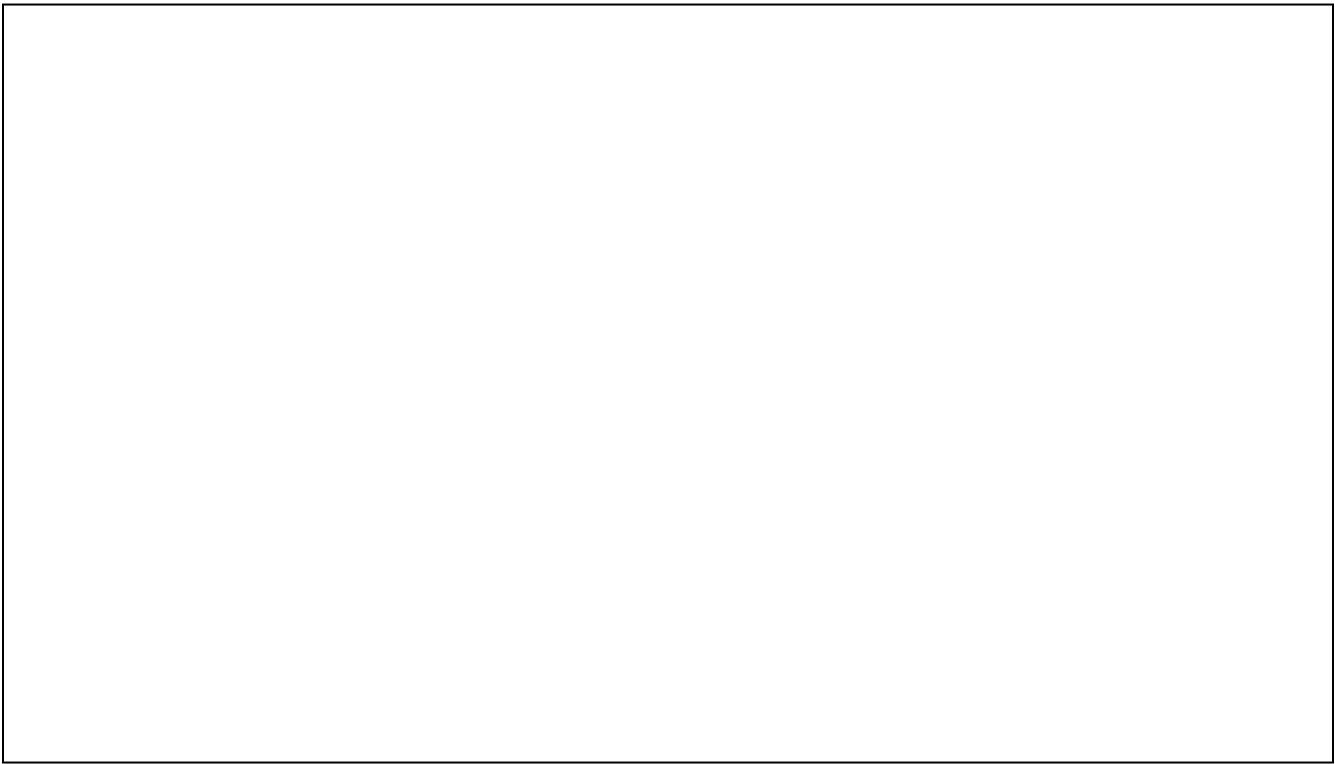
Expiration Date: _____ (please provide a copy of permit with the application)

County Which Issued Current Permit: _____

Please answer the following:

	Yes	No
Are you under indictment in any court for a crime punishable by imprisonment?		
Have you been convicted in any court of a crime punishable by imprisonment?		
Have you been found guilty or pled nolo contendere to a crime of violence constituting a misdemeanor offense within the last ten (10) years?		
Are you currently, or have you ever been subject to a court order restraining you from harassing, stalking, threatening, or having any contact with any person including, but not limited to, your child or an intimate partner or child of such partner?		
Are you a fugitive from justice?		
Have you been convicted of a misdemeanor violation of the Wyoming Controlled Substances Act of 1971, W.S. 35-7-1001 through 35-7-1057 or similar laws of any other state or the United States relating to controlled substances within the 10-year period prior to the date of application?		
Are you an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any controlled substance?		
Have you ever been adjudicated mentally defective or incompetent, or have you ever been committed to a mental institution?		
Have you ever been discharged from the Armed Forces under dishonorable discharge?		
Are you an alien illegally in the United States?		
Do you chronically or habitually use alcoholic liquor or malt beverages to the extent that your normal faculties are impaired?		
Have you ever been treated at a residential facility as a result of the use of alcohol within ten (10) years prior?		
Have you ever been treated at a facility for abuse of a controlled substance within ten (10) years prior?		
Do you suffer from any physical infirmity, which prevents the safe handling of a firearm?		

If you marked yes on any of the above questions, provide an explanation below. (Attach an additional sheet if necessary)



Please initial beside each statement below, stating you have read and understand each one:

- I understand that if approved, I will need to complete the training requirements for concealed carry as specified by Policy 4341 and Administrative Regulation 4341-R, Section 4.

Initial

- I understand that if approved, I will need to complete a psychological suitability exam and the Wyoming DFS Central Registry Screening with results provided to the District as specified in Policy 4341.

Initial

- I understand that if approved, I will need to complete a background screening with the Wyoming Department of Criminal Investigation (DCI) as specified in Policy 4341. This background screening provides an individual's criminal history.

Initial

- I have received, read, and agree to comply with Administrative Regulation 4341-R, Section 3 Mandatory Drug and Alcohol Testing

Initial

- I understand that participating in the concealed carry program for the District is voluntary.

Initial

- I understand that my application and any decisions made are held confidential.

Initial

- Do you plan to conceal your firearm in a concealed biometric container or lockbox?

Yes _____ No _____

Initial

Briefly explain why you wish to conceal carry for the District, and include any information that you may want the District to know in making its decision. Attach an additional sheet if necessary.

Notarization Required – Please initial and sign the following in the Superintendent’s Office:

- I execute this application under oath or affirmation and hereby attest that the above application is true and complete to the best of my knowledge. I understand that it is my responsibility to read, understand, and comply with Policy 4341. I further understand that the Board of Trustees of Campbell County School District may, in their sole and absolute discretion, deny my application for any reason or no reason. If the Board approves my application, I understand that the Board can suspend or revoke my application at any time, with or without cause.

Initial

- I acknowledge that I am submitting this application to carry a concealed firearm voluntarily and of my own free will. I understand that the decision to carry a concealed firearm is not required by the District, and I am not compelled to, or required to carry a concealed firearm, in order to perform my duties. By submitting this application, I understand that if my application is approved, I am taking full responsibility for my actions by carrying a concealed firearm on school district property. I understand that it is my obligation to fully comply with all federal, state, and local laws. In the event I act outside the scope of my duties, as authorized by this policy; I hereby, for myself, my heirs, and representatives, release, indemnify, and hold harmless Campbell County School District, its current and former trustees, board members, officers, employees, agents, attorneys, and officers in the event of any claims, complaints, lawsuits, losses, damages, and judgments of

any kind which arise out of my use, carrying, or firing of a concealed carry firearm pursuant to the approval by the Board of my application. This indemnification provision includes all costs, expenses, and attorney's fees incurred to defend such claims.

Initial

- I understand I will not at any time (whether during or after the process of applying to conceal carry on school district property and irrespective of whether my application is approved or rejected) retain, use disclose, divulge, reveal, communicate, share, transfer or provide to any third party not connected to the District Concealed Carry program any information concerning the identity, location or number of those involved in the Concealed Carry program in the District, or any information concerning the Concealed Carry program that has not been made public without the prior written authorization of the Board. A violation of this paragraph will result in disciplinary action.

Initial

- I certify that I have read and understand the contents of Policy 4341 and all applicable administrative regulations, including 4341-R Section 3, "Mandatory Drug and Alcohol Testing Regulation." I understand that by signing this application, I agree to abide by the terms and conditions of the District's drug-testing program for employees who conceal carry a firearm. I consent to the District, and their agents and representatives, collecting breath, saliva, blood, or urine samples from me for purposes of testing for drugs and/or alcohol use. I authorize the District to conduct random drug and alcohol tests on my breath, saliva, blood, or urine at any time as long as I am authorized to carry a concealed firearm pursuant to Policy 4341. I also authorize the release of information concerning the results of a test to my administrator(s), Armed Educator Committee, Human Resources Department, and the contracted testing/consulting service.

Initial

Nothing herein is intended to limit or prevent the District or any board member or employee from asserting the defense of governmental immunity to any claim arising from the possession or use of a concealed carry firearm. To the extent an employee uses a concealed carry firearm authorized by and in compliance with this policy; such conduct shall be deemed to be within the scope of the employee's employment for immunity purposes.

Applicant Signature

Date _____

STATE OF WYOMING)
) SS.
COUNTY OF _____)

Subscribed and sworn to under oath or affirmed before me by _____
(Applicant)
this _____ day of _____, 20 ____.

WITNESS my hand and official seal.

(SEAL)

Notary Public

My Commission Expires: _____

SUBMIT COMPLETED APPLICATION TO CCSD SUPERINTENDENT'S OFFICE

Please provide:

Concealed Carry Firearm Make

Model

Ammunition

Holster Description

_____ I plan to use both a concealed biometric container or lock box and a holster.

Location of concealed biometric container _____ or N/A

For Office Use Only

Final approval with Campbell County School District Board of Trustees:

A Campbell County School District Application to Carry Concealed Firearm on School District Property for the above-mentioned employee has been:

Approved: _____ Denied: _____

Superintendent of Schools: _____
Signature Date

Board of Trustees Chair: _____
Signature Date