

**SCHOOL SAFETY AND SECURITY POLICY
FIREARMS: PERSONNEL AUTHORIZED TO CARRY**

Application:

Name: _____ Date: _____

Current Assignment: _____ Location: _____

Please Circle:

1. I am currently employed under contract by Uinta County School District number one (hereinafter the "District"). Y N
2. I wish to carry a firearm on district property. I have read and understand policy CKA and Wyoming State Statute 21-3-132. I hereby submit this application to conceal carry a firearm on District property. I understand and agree my decision to apply to conceal carry on District property is voluntarily and intelligently made and is, in no way, a term or condition of my employment with the District. Y N
3. I currently have a valid Wyoming concealed carry permit or a permit allowing me to carry a concealed firearm authorized and issued by a governmental agency or entity in another state that recognizes Wyoming permits and is a valid statewide permit. (Attach a copy of your permit to this application) Y N
4. I have been employed by the District for a least five (5) continuous years. Y N
5. Please consider this my written request to the Board to consider waiving the requirement that I be employed by the District for five (5) continuous years. (Please attach a separate document to this application setting forth the reasons the Board should consider in making its determination.) The Board, after considering the written request for waiver, may, at its discretion, waive the requirement of five (5) years of continuous employment if the Board determines such a waiver will be in the best interest of the security plan and safety of the District. Every request for waiver shall be considered on its own merits. The decision to waive this requirement by the Board for one applicant shall not bind the Board to waive this requirement for other applicants or be considered a waiver of this requirement or any other requirement contained herein for other applicants. Y N NA
6. I am in good standing and I am not currently on nor have I been on any plan of improvement with the past five years. Y N
7. I understand if the Superintendent determines I meet the above requirements to conceal carry on District property, I must successfully complete the training required in policy CKA and regulation CKA-R4. Y N
8. I hereby agree that if approved for the District concealed carry program, I will participate fully in the School Safety and Security program for a period of at least twelve months. Y N
9. I understand if the Superintendent determines I meet the above requirements to conceal carry and I have completed the training as specified by policies CKA and CKA-R4, I must complete a psychological suitability exam from a provider pre-
UINTA COUNTY SCHOOL DISTRICT NUMBER ONE, Evanston, Wyoming Y N

approved by the District and the results of the exam must be approved by the Board before I receive final approval to conceal carry on District property.

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| 10. | I hereby authorize the Superintendent and Board to have access to all records and identifiable information related to any psychological exams I will undergo for this application process and the District conceal carry program. I understand this authorization is voluntary. I also understand that, since the District is not a health plan or healthcare provider, my information may no longer be protected from further disclosure by State or Federal law. | Y | N |
| 11. | I hereby authorize the Superintendent and the Board to have access to all records and identifiable information in my criminal history and all records and identifiable information related to any training assessments I receive as a concealed carrier with the District. | Y | N |
| 12. | I understand the District shall be responsible for all expenses of the psychological suitability exam, the concealed biometric container or lock box and the initial training with its associated costs. I shall be responsible for all other expenses including, but not limited to firearms, ammunition, holster, annual training, and any and all costs incurred to satisfy the requirements of this policy and state and federal laws. | Y | N |
| 13. | I understand if I am approved by the Board to conceal carry a firearm on District property, I shall keep and maintain the firearm on my person at all times, or in a concealed, locked, biometric container or lock box within my direct control. | Y | N |
| 14. | I will not at any time (whether during or after the process of applying to conceal carry on 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 up to and including termination. | Y | N |
| 15. | I understand approval to conceal carry on District property means my employment will be classified as a “safety sensitive position” in accordance with District policy GBCD/EEBE. I agree to submit to the random drug and alcohol testing required as an employee in a “safety sensitive position” in accordance with District policy GBCD/EEBE. | Y | N |
| 16. | I understand I shall advise the Superintendent of the make, model, caliber, serial number and such other information the Superintendent may request about the firearm I wish to carry. I further understand the Superintendent reserves the right to approve or deny the firearm which I wish to carry. See <u>CKA-R2 - Permitted Firearms/Holsters for School Concealed Carry</u> and <u>CKA-R3 – Permitted Ammunition for School Concealed Carry</u> . | Y | N |
| 17. | In the event I am not able to conceal carry due to a medical or personal reason, I shall notify District administration as soon as possible. If I am prescribed any prescription drug by a physician that would impair my ability to carry, I shall notify District administration as soon as possible. | Y | N |

- 18. I hereby agree that if approved for the District concealed carry program, I shall only carry a firearm on District property. I shall have no authority to carry such firearm on District business or activities away from or off of District property. Y N
- 19. If I am charged with a criminal act of any kind except a minor traffic violation, I hereby agree I shall immediately disclose information relating to the charge to the Superintendent. Y N
- 20. I hereby agree that if approved for the District concealed carry program, I shall only fire my firearm if I reasonably perceive that my life, or the life or lives of others, are in imminent risk of death or serious bodily injury. Y N
- 21. In the event my firearm is fired for any reason, I will immediately be placed on paid administrative leave pending an investigation of the incident and be drug tested according to policy GBCD/EEBE. In addition, I shall be required to undergo a post incident psychological suitability exam, and shall be required to follow any recommendations as a result of the exam. The District shall be responsible for the cost of this exam. Y N
- 22. I understand if I decide to withdraw the approval to conceal carry on District property after I am approved, my withdrawal must be submitted in writing to the Superintendent. Once a written withdrawal is accepted by the Superintendent, forfeiture is immediate and I shall no longer be permitted to conceal carry on District property. Y N
- 23. I understand if I am authorized by the Board to conceal carry on District property, said authorization shall not convey any property right, or any continuing right to carry a firearm. I further understand the approval and authorization is a privilege, not a right and the privilege to conceal carry on District property may be revoked at any time for any reason by the Superintendent or Board. Y N
- 24. If I am approved and authorized to conceal carry on District property, I hereby agree to comply with District policies, state law and federal law regulating conceal carry and the legal use of a firearm. I understand that a violation of District policy, state law or federal law may result in disciplinary action up to and including termination and dismissal. Y N

Signature: _____ Date: _____

For Office Use:

Application received by Superintendent: Date: _____

Concealed Carry Permit Verification Expiration Date: _____ State: _____

Residency Requirement: Years of Service: _____

District Committee – Application Review Date: _____

TRAINING

Committee’s Recommendation	TRAIN	DENY
Results of Handgun and Live Fire Training (16 Hrs.)	PASS	FAIL
Results of Scenario Training (8 Hrs.)	PASS	FAIL

Date: _____

FINAL RECOMMENDATION AND ACTION TAKEN

Results of Psychological Suitability Exam	PASS	FAIL
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Superintendent’s Signature: _____ Date: _____

Board Action on Application:	APPROVE	DENY
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Chairman’s Signature: _____ Date: _____

EFFECTIVE DATE: _____

Adopted: _____

Weapon: _____

Serial #: _____

Ammunition: _____

Holster: _____