

TOWN OF WRIGHT, WYOMING

P.O. Box 70 WRIGHT, WY 82732
Phone: (307)464-1666 Fax: (307)464-0813

APPLICATION FOR EMPLOYMENT

PLEASE TYPE OR PRINT – ANSWER ALL APPLICABLE QUESTIONS

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

NAME _____
LAST FIRST MIDDLE

OTHER NAMES USED _____

MAILING ADDRESS _____
CITY STATE ZIP CODE

HOME TELEPHONE NUMBER (_____) - _____ OTHER TELEPHONE NUMBER (_____) - _____
AREA CODE AREA CODE

If necessary, best time to call you at home is.....
BEST TIME TO CALL

May we contact you at work? YES NO

If yes, WORK TELEPHONE NUMBER and BEST TIME TO CALL (_____) - _____
BEST TIME TO CALL

Have you ever been employed by the Town of Wright? YES NO

If yes, give dates FROM ____/____/____ TO ____/____/____

Are you legally eligible for employment in this country? YES NO
(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work ____/____/____

Will you work overtime if required? YES NO

Have you ever been convicted of any law violation other than a minor traffic violation? YES NO

If yes, give details: _____

("YES" answer does not automatically disqualify you from employment since the nature of the offense, date and the job for which you are applying will also be considered.)

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1. Are you related to anyone presently working for the Town of Wright? YES NO
If yes, list their names and the department in which they work: _____

2. For driving jobs ONLY: Do you have a valid license? YES NO

a. Have you ever had your Driver's License suspended or revoked? YES NO

Driver's License # _____ State _____

Please provide driving record from the Department of Motor Vehicle

b. Do you currently hold a Commercial Driver's License? YES NO

3. Have you ever been dismissed from any position? YES NO

If yes, please explain _____

4. Have you ever been forced to resign from any position? YES NO

If yes, please explain _____

5. Where did you learn of this opening?

a. City Job Announcement _____ d. City Employee _____

b. Newspaper _____ e. Friend _____

c. Professional Journal _____ f. Other (please specify) _____

SPECIAL SKILLS AND QUALIFICATIONS: Summarize special skills and qualifications acquired from employment or other experiences that relate to this position. Keyboarding _____ wpm;

Other: _____

List special accomplishments, publications, awards, and the names of professional groups of which you are or have been a member.

List any additional information you would like us to consider including certifications and licenses. _____

Employment History

List your employment history starting with the most recent employer. List all positions held, including military experience, part-time, summer and/or volunteer work and periods of unemployment. Explain any gaps in employment in comments section below.

1. Employer _____ Address _____

Phone () _____ Job Title _____

Supervisor _____ Work Performed _____

Dates Employed: From _____ to _____

Reason for Leaving _____

2. Employer _____ Address _____

Phone () _____ Job Title _____

Supervisor _____ Work Performed _____

Dates Employed: From _____ to _____

Reason for Leaving _____

3. Employer _____ Address _____

Phone () _____ Job Title _____

Supervisor _____ Work Performed _____

Dates Employed: From _____ to _____

Reason for Leaving _____

4. Employer _____ Address _____

Phone () _____ Job Title _____

Supervisor _____ Work Performed _____

Dates Employed: From _____ to _____

Reason for Leaving _____

Comments (Including explanations of any gaps in employment)

May we contact your present and previous employers? YES NO

Educational Background

HIGH SCHOOL

COLLEGE

GRADUATE WORK

Circle Highest Grade Completed:

8 9 10 11 12 GED

1 2 3 4

YES NO

College/University/Trade school	City/State	Units completed	Degree/Diploma obtained	Year	Major	Minor

Have you worked or attended school under any other name? YES NO

If yes, give names: _____

Professional References

List names and telephone numbers of three professional references who are not related to you and are not previous supervisors.

NAME AND ADDRESS	TELEPHONE	YEARS KNOWN

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigation consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a completed disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre- employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

AN EQUAL OPPORTUNITY EMPLOYER