

# Employment Application



## Town of Shoshoni

PO Box 267 102 East 2nd St. Shoshoni, WY 82649

Position Applied For: \_\_\_\_\_

Date: \_\_\_\_\_

P E R S O N A L  I N F O R M A T I O N	Name: _____ Last First Middle
	Street/Mailing Address: _____
	City State Zip
	Email Address: _____
	Work Phone: _____
	Home Phone: _____
	Cell Phone: _____
	List other names, if any, used on employment or education records: _____
	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you under the age of 14? <input type="checkbox"/> Yes <input type="checkbox"/> No

For Temporary/Seasonal Hire - Please complete the following.

Dates Available for Employment: From _____ To _____
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full detail, giving dates. _____ <small>(Criminal convictions are not an absolute bar to employment, but will be considered in relation to specific job requirements.)</small>
Have you ever worked for the Town of Shoshoni? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give dates and department(s): _____ Prior Position(s): _____ Reason(s) for leaving: _____
Do you have any relatives working for the Town of Shoshoni? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give their name, department and relationship: _____ _____ _____

<b>E D U C A T I O N</b>	School	Name and Address of School	Course Of Study	Circle Last Year Completed	Did You Graduate	List Diploma or Degree(s)	
	High			8 9 10	<input type="checkbox"/> Yes		
					11 12	<input type="checkbox"/> No	
	College				1 2	<input type="checkbox"/> Yes	
					3 4	<input type="checkbox"/> No	
	Other (Specify)						

<b>S P E C I A L  S K I L L S</b>	<b>Special Skills Relating To The Position For Which You Are Applying:</b> (clerical skills, heavy equipment operating skills, etc.)
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____
	_____

<b>C E R T I F I C A T I O N S</b>	<b>Driver's License:</b> If required for this position: Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No      State: _____																				
	License Number: _____      Expiration Date: _____																				
	Do you have a Commercial Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify: Class: _____ (A, B, C)																				
	Endorsements Held: Hazardous Material <input type="checkbox"/> Tanker <input type="checkbox"/> Airbrakes <input type="checkbox"/> Passenger <input type="checkbox"/> (Please check all that apply)      Other (specify) _____																				
	<b>Certificates:</b>																				
	<table border="1"> <thead> <tr> <th>Name and address of Licensing Agency</th> <th>Type of License</th> <th>Endorsement/Restriction (if applicable)</th> <th>Date Licensed</th> <th>Date Expires (if applicable)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name and address of Licensing Agency	Type of License	Endorsement/Restriction (if applicable)	Date Licensed	Date Expires (if applicable)															
	Name and address of Licensing Agency	Type of License	Endorsement/Restriction (if applicable)	Date Licensed	Date Expires (if applicable)																

EMPLOYMENT HISTORY

**Employment Experience**

Instructions: Begin with your present or most recent job and continue with last ten (10) years work experience with emphasis on experience relevant to the position for which you are applying. Include military service and any volunteer work which provided experience that would help you qualify. If the space below is not adequate, you may continue this section on attached sheet. This information must be completed. **Notice to Applicants:** Information that you provide on this application is subject to verification. Previous employers may be contacted as references or for verification.

Do you want to be informed before we contact your present employer?  Yes  No

Current Employer: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_  
 Salary/Wage: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_  
 Contact Name and Title: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Description of work performed: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Past Employer: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_  
 Salary/Wage: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_  
 Contact Name and Title: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Description of work performed: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

Past Employer: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_  
 Salary/Wage: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_  
 Contact Name and Title: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Description of work performed: \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving: \_\_\_\_\_

**References:** List three (3) references, excluding relatives, who have knowledge of your ability to perform this job.

Name of Reference	Complete Mailing Address	Telephone Number	Years Acquainted

**AUTHORIZATION TO RELEASE INFORMATION**

I certify that all information provided in this application is true and complete. I understand misrepresentation or omission of facts during the application or selection process may disqualify me from further consideration and may be cause for dismissal. I understand the Town of Shoshoni may conduct a background investigation, which may include obtaining information as to my character, reputation, and mode of living. This may include interviews with my relatives, neighbors, friends, former employers, schools and others. I understand I have the right to make a written request within a reasonable time for the disclosure of the name and address of any consumer reporting agency which may be utilized in the background investigation so I may obtain a complete 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 that I may also be required to successfully pass drug and alcohol screening examinations. I hereby consent to pre- and/or post-employment and random drug and alcohol screens as a condition of employment, if required. I have read, understand, and by my signature, consent to these statements. I authorize investigation of all information contained in this application.

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

Date \_\_\_\_\_

---

---

Past Employer: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Salary/Wage: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_  
Contact Name and Title: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Description of work performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

---

---

Past Employer: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Salary/Wage: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_  
Contact Name and Title: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Description of work performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

---

---

Past Employer: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Salary/Wage: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_  
Contact Name and Title: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Description of work performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

---

---

Past Employer: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Salary/Wage: \_\_\_\_\_ Position(s) Held: \_\_\_\_\_  
Contact Name and Title: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Description of work performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

---

---