

## **EMPLOYMENT APPLICATION**

HUMAN RESOURCES USE ONLY TO MGR: DATE:

## City of Rock Springs 212 D Street, Rock Springs, WY 82901 (307) 352-1510

| DATE OF APPLICATION   |                |                        | POSITION APPL       | POSITION APPLYING FOR           |                |              |                 |               | PLEASE PRINT CLEARLY IN INK                  |  |  |  |  |
|---|----------------|------------------------|---------------------|---------------------------------|----------------|--------------|-----------------|---------------|--|--|--|--|--|
|   |                |                        |                     | PERSO                           | NAL            |              |                 |               |  |  |  |  |  |
| LAST NAME F   |                |                        | FIRST NAME          |                                 |                |              | DDRESS          |               |  |  |  |  |  |
|   |                |                        |                     |                                 |                |              |                 |               |  |  |  |  |  |
| HOME ADDRESS  |                |                        |                     |                                 | APT.#          | CI           | ITY             | STATE         | ZIP CODE                                     |  |  |  |  |
|   |                |                        |                     |                                 |                |              |                 |               |  |  |  |  |  |
| ,   |                |                        | AVE LEGAL AUTHORIZA | ATION TO V                      | WORK IN THE    | SC           | OCIAL SECURIT   | Y #           | IS YOUR AGE<br>UNDER 18                      |  |  |  |  |
| UNITED S ( ) YES  |                |                        | ( ) NO              |                                 |                |              |                 |               | ( ) YES ( ) NO                               |  |  |  |  |
| DATE AVAILABLE STARTING   |                |                        | SALARY NEEDED       | ARY NEEDED WILL YOU ACCEPT ANOT |                |              |                 | ( ) YES (     | ) NO   |  |  |  |  |
|   |                | IF YES, PLEASE SPECIFY |                     |                                 |                |              |                 |               |  |  |  |  |  |
| HAVE YOU EVER BEEN CONVICTED OF A CRIME SUBJECT TO A ONE-YEAR PRISON SENTENCE OR ARE YOU CURRENTLY ON PROBATION OR PAROLE FOR SUCH A CONVICTION? ( ) YES ( ) NO IF YES, PLEASE EXPLAIN: |                |                        |                     |                                 |                |              |                 |               |  |  |  |  |  |
|   |                |                        |                     |                                 |                |              |                 |               |  |  |  |  |  |
| HAVE YOU WORKED HERE BEFORE OR APPLIED HERE BEFORE? ( ) YES ( )NO WOULD A PAST EMPLOYER KNOW YOU UNDER A DIFFERENT NAME?  AND UNDER WHAT NAME?  |                |                        |                     |                                 |                |              |                 |               |  |  |  |  |  |
| EMPLOYMENT HISTORY  |                |                        |                     |                                 |                |              |                 |               |  |  |  |  |  |
| LIST <u>Most recent</u> P   | OSITION FIRS   | Т                      |                     |                                 | LIST OTHE      | R NAMES L    | JSED WHILE EN   | /IPLOYED WITH | THESE EMPLOYERS                              |  |  |  |  |
| FROM  | NAME OF EN     | ИPLOYER                |                     | NAME/TITLE LAST SUPERVIS        |                |              |                 |               | TELEPHONE #                                  |  |  |  |  |
| MO YR   |                |                        |                     |                                 |                |              |                 |               |  |  |  |  |  |
| ТО  | ADDRESS        |                        | CITY                |                                 | STATE          | ZIP CODE     | POSITION H      | IELD          | ENDING SALARY                                |  |  |  |  |
| MO YR   |                |                        |                     |                                 |                |              |                 |               | PER  |  |  |  |  |
| BRIEFLY DESCRIBE THE WORK YOU PERFORMED   |                |                        |                     |                                 |                |              |                 |               |  |  |  |  |  |
| REASON FOR LEAVING  |                |                        |                     |                                 |                |              |                 |               | MAY WE CONTACT THIS                          |  |  |  |  |
| REASON FOR LEAVING  |                |                        |                     |                                 |                |              |                 |               | EMPLOYER?                                    |  |  |  |  |
| 50014   |                | 101 01/50              |                     |                                 | I              | <del>.</del> |                 |               | ( ) YES ( ) NO                               |  |  |  |  |
| FROM  | NAME OF EN     | NPLOYER                |                     |                                 | NAME/TITL      | E LAST SUP   | ERVISOR         |               | TELEPHONE #                                  |  |  |  |  |
| MO YR<br>TO   | ADDRESS        |                        | CITY                |                                 | STATE          | ZIP CODE     | POSITION I      | IELD          | ENDING SALARY                                |  |  |  |  |
| 10  | ADDRESS        | ADDRESS CITY           |                     |                                 | STATE ZIF CODE |              |                 | IELD          | ENDING SALAKT                                |  |  |  |  |
| MO YR BRIEFLY DESCRIBE THE WO   | ADV VOLL DEDEC | DDMED                  |                     |                                 |                |              |                 |               | PER  |  |  |  |  |
| BRIEFET DESCRIBE THE WO   | NK TOO FENT    | JINIVILD               |                     |                                 |                |              |                 |               |  |  |  |  |  |
| REASON FOR LEAVING  |                |                        |                     |                                 |                |              |                 |               | MAY WE CONTACT THIS                          |  |  |  |  |
|   |                |                        |                     |                                 |                |              |                 |               | EMPLOYER?<br>( ) YES ( ) NO                  |  |  |  |  |
| FROM  | NAME OF EN     | /IPLOYER               |                     |                                 | NAME/TITL      | E LAST SUP   | PERVISOR        |               | TELEPHONE #                                  |  |  |  |  |
| MO YR   |                |                        |                     |                                 |                |              |                 |               |  |  |  |  |  |
| ТО  | ADDRESS        |                        | CITY                |                                 | STATE          | ZIP CODE     | E POSITION HELD |               | ENDING SALARY                                |  |  |  |  |
| MO YR   |                |                        |                     |                                 |                |              |                 |               | PER  |  |  |  |  |
| BRIEFLY DESCRIBE THE WO   | RK YOU PERFO   | ORMED                  |                     |                                 |                |              | •               |               |  |  |  |  |  |
|   |                |                        |                     |                                 |                |              |                 |               |  |  |  |  |  |
| REASON FOR LEAVING  |                |                        |                     |                                 |                |              |                 |               | MAY WE CONTACT THIS EMPLOYER? ( ) YES ( ) NO |  |  |  |  |
|   |                |                        | F                   | REFEREI                         | NCES           |              |                 |               |  |  |  |  |  |
| NAME  |                |                        | RELATIONSHIP        |                                 |                |              |                 | PHONE/EMAIL   |  |  |  |  |  |
| NAME  |                |                        | RELATIONSHIP        | ATIONSHIP ADDRESS               |                |              |                 | PHONE/EMAIL   |  |  |  |  |  |

| EDUCATION  |                                 |           |                    |           |              |                  |           |        |           |  |  |  |
|--|---------------------------------|-----------|--------------------|-----------|--------------|------------------|-----------|--------|-----------|--|--|--|
| SCHOOL   | OOL NAME OF SCHOOL              |           |                    | LOCATION  |              | COURSE OF        | DID YOU   |        | DEGREE/   |  |  |  |
|  |                                 |           |                    |           | COMPLETED    | STUDY            | GRADUA    |        | DIPLOMA   |  |  |  |
| HIGH   |                                 |           |                    |           |              |                  | ( ) YE    |        |           |  |  |  |
| SCHOOL   |                                 |           |                    |           |              |                  | ( ) N     | 0      |           |  |  |  |
| TRADE  |                                 |           |                    |           |              |                  | ( ) YE    | S      |           |  |  |  |
|  |                                 |           |                    |           |              |                  | ( ) N     |        |           |  |  |  |
|  |                                 |           |                    |           |              |                  | , ,       |        |           |  |  |  |
| COLLEGE  |                                 |           |                    |           |              |                  | ( ) YE    | S      |           |  |  |  |
|  |                                 |           |                    |           |              |                  | ( ) N     | 0      |           |  |  |  |
| CDADUATE   |                                 |           |                    |           |              |                  | ( ) ) (   |        |           |  |  |  |
| GRADUATE   |                                 |           |                    |           |              |                  | ( ) YE    |        |           |  |  |  |
|  |                                 |           |                    |           |              |                  | ( ) ( )   |        |           |  |  |  |
| OTHER  |                                 |           |                    |           |              |                  | ( ) YE    | S      |           |  |  |  |
|  |                                 |           |                    |           |              |                  | ( ) N     | 0      |           |  |  |  |
|  |                                 |           |                    |           |              |                  |           |        |           |  |  |  |
| LIST BUSINESS OR INDUSTRIAL EQUIPMENT THAT YOU OPERATE PROFICIENTLY:   |                                 |           |                    |           |              |                  |           |        |           |  |  |  |
|  |                                 |           |                    |           |              |                  |           |        |           |  |  |  |
| LANGUAGE   | LANGUAGE                        | DO YOU:   |                    | ( ) FAIR  |              | ( ) FAIR         | ( ) FAIR  |        |           |  |  |  |
| SKILLS   |                                 |           | ( ) SPEAK ( ) GOOD |           | ( ) READ     |                  | ( ) WRITE | į      | ) GOOD    |  |  |  |
|  |                                 |           |                    | ( ) FLUEN | T            | ( ) FLUENT       |           | (      | ) FLUENT  |  |  |  |
|  | PR                              | OFESSIO   | NAL LICENSI        | ES OR CE  | RTIFICATION  | S                |           |        |           |  |  |  |
| TYPE   |                                 |           | STATE ISSUE        | D         | DATE ISSUED  | EXPIRES          | NU        | NUMBER |           |  |  |  |
|  |                                 |           |                    |           |              |                  |           |        |           |  |  |  |
| TYPE   |                                 |           | STATE ISSUED       |           | DATE ISSUED  | EXPIRES          | NU        | NUMBER |           |  |  |  |
|  |                                 |           |                    |           |              |                  |           |        |           |  |  |  |
| TYPE   |                                 |           | STATE ISSUED       |           | DATE ISSUED  | EXPIRES          | NU        | NUMBER |           |  |  |  |
|  |                                 |           |                    |           |              |                  |           |        |           |  |  |  |
|  |                                 |           | DRIVERS            | LICENSE   |              |                  |           |        |           |  |  |  |
| CLASS AND ENDORSEMENTS   |                                 |           | STATE ISSUED       |           | DATE ISSUED  | EXPIRES          | NU        | NUMBER |           |  |  |  |
|  |                                 |           |                    |           |              |                  |           |        |           |  |  |  |
|  |                                 |           | SERVICE            | RECORD    |              |                  |           |        |           |  |  |  |
| BRANCH OF SERVICE  |                                 |           | DISCHARGE/         | RANK      | PRESENT STAT | US IN GUARD/RESE | RVES UN   | UNITL  |           |  |  |  |
|  |                                 |           |                    |           |              |                  |           |        |           |  |  |  |
|  |                                 |           | 1                  |           |              |                  | L         |        |           |  |  |  |
|  |                                 | ΔΡΙ       | PLICANT'S C        | ERTIFIC/  | TION         |                  |           |        |           |  |  |  |
| L cortify the  | at the answers given on this a  |           |                    |           |              | ct of my knowle  | dae and   | unde   | rctand if |  |  |  |
| · ·  | falsified statements on this a  |           |                    |           |              | •                | _         |        |           |  |  |  |
|  |                                 |           | _                  |           |              |                  | _         |        |           |  |  |  |
|  | contained herein and the re     |           |                    | •         |              |                  |           | · .    | •         |  |  |  |
|  | nt and any pertinent informa    | -         |                    |           |              | •                |           |        | н наринту |  |  |  |
| -  | nage that may result in furnis  | _         |                    |           | -            | successtui pre-e | empioym   | ent    |           |  |  |  |
| screenings   | I understand that any offer of  | of employ | ment will be       | e conditi | onal.        |                  |           |        |           |  |  |  |
| _  |                                 |           | _                  |           |              | -                |           |        | _         |  |  |  |
|  | nd and agree that, if hired, my |           |                    |           | •            |                  |           |        |           |  |  |  |
| payment of my wages and salary, be terminated at any time without prior notice. I understand, also, that if hired I am |                                 |           |                    |           |              |                  |           |        |           |  |  |  |
| required to abide by my job description, all policies, procedures and ordinances of the City of Rock Springs.          |                                 |           |                    |           |              |                  |           |        |           |  |  |  |
|  |                                 |           |                    |           |              |                  |           |        |           |  |  |  |
|  |                                 |           |                    |           |              |                  |           |        |           |  |  |  |
| SIGNATURE  |                                 |           |                    |           | DATE         |                  |           |        |           |  |  |  |
|  |                                 | IMPORTA   | NIT NOTICE         | TO ALL    | APPLICANTS   |                  |           |        |           |  |  |  |

If you are selected for employment you must be prepared to verify your eligibility to work as required under the Immigration Reform and Control Act. This requirement applies to all new employees, including US Citizens, permanent residents and non-immigrants. You will have to provide documents verifying your identity and eligibility to work.