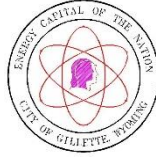


Application for Employment

City Website: <http://www.gillettewy.gov>
 Email: humr@gillettewy.gov



201 E 5th Street
 Gillette, WY 82716
 (307) 686-5222 Fax (307) 685-8892
 (307) 686-5261

CITY OF GILLETTE, WY

An Equal Opportunity Employer

Pre-employment drug screening is conducted for all positions within the City of Gillette.

SEASONAL WORKER APPLICATION DATE OF APPLICATION ____ / ____ / ____

NAME _____
LAST FIRST MIDDLE
 OTHER NAMES USED _____

MAILING ADDRESS _____
CITY STATE ZIP CODE

PRIMARY TELEPHONE NUMBER (____) ____ - ____ ALTERNATE TELEPHONE NUMBER (____) ____ - ____

EMAIL ADDRESS _____ REFERRAL SOURCE _____

May we contact you at work? YES NO If YES, TELEPHONE NUMBER _____

Are you 16 years of age or older? YES NO

Have you ever been employed by the City of Gillette? YES NO If yes, give dates _____

I understand, if hired, I will be required to provide proof of eligibility to work in the United States. YES NO

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

If yes, give details: _____

Are you related to anyone presently working for the City of Gillette? YES NO If Yes, list name _____

Do you have a valid license? YES NO Driver's License # _____ Class _____ CDL? _____ State _____
 Expiration Date _____

Have you ever been dismissed or asked to resign from any position? YES NO

If yes, please explain

Professional References

List three (non-related) persons who can objectively assess your professional or scholastic performance.

NAME	TELEPHONE	YEARS KNOWN

Educational Background

COLLEGE/UNIVERSITY/TRADE SCHOOLS	CITY/STATE	CREDITS COMPLETED	DEGREE/ DIPLOMA	YEAR	MAJOR	MINOR
High School:						

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.

EMPLOYER	TELEPHONE () -	DATES EMPLOYED		Summarize your job responsibilities
		FROM	TO	
ADDRESS				
JOB TITLE		SALARY		
		FINAL		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER HOUR <input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH <input type="checkbox"/>	
REASON FOR LEAVING		MAY WE CONTACT?		
EMPLOYER	TELEPHONE () -	DATES EMPLOYED		Summarize your job responsibilities
		FROM	TO	
ADDRESS				
JOB TITLE		SALARY		
		FINAL		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER HOUR <input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH <input type="checkbox"/>	
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EMPLOYER	TELEPHONE () -	DATES EMPLOYED		Summarize your job responsibilities
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		FINAL		
IMMEDIATE SUPERVISOR AND TITLE		\$	PER HOUR <input type="checkbox"/> PER WEEK <input type="checkbox"/> PER MONTH <input type="checkbox"/>	
REASON FOR LEAVING		MAY WE CONTACT?		

Additional job history can be attached.

EXPLAIN GAPS IN EMPLOYMENT: _____

SPECIAL SKILLS AND QUALIFICATIONS: Summarize special skills and qualifications you would like us to consider including certifications and licenses. _____

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 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 understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination and drug screen. 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 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. I understand that if employed I will be hired at the will of the employer and my employment may be terminated at any time, for any reason or no reason, with or without notice.

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

Signature: _____ Date: _____