

APPLICATION FOR EMPLOYMENT

City of Evanston

1200 Main Street

Evanston, WY 82930

(307) 783-6300

Fax (307) 783-6390

www.evanstonwy.org hrevanston@evanstonwy.org

We consider applicants for all position without regard to race, color, religion, creed, gender, national origin, age, disability, martial or veteran status, sexual orientation, or any other legally protected status. Those applicants requiring reasonable accommodation to the application and/or interview should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date _____

Name _____
Last First Middle

Street Address _____
City Employees must reside in the Uinta County School District #1 boundaries within 6 months from employment

Mailing Address _____

City, State, ZipCode

Telephone(s) _____ Email _____

If you are under 18 year of age and it is required, can you furnish a work permit? Yes No

Are you related to any current City employees? Yes No

If yes, employee's name _____

Are you legally eligible for employment in this country? Yes No

If you are currently employed, may we contact your present employer? Yes No

Date you are available for work? _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Driver's License number if driving is an essential job function _____ State _____

AN EQUAL OPPORTUNITY/ADA EMPLOYER

Education

	Name & Address of School	Years Completed	Degree/Diploma Received
High School			
College/University			
Graduate/Professional			
Other (Specify)			

Experience

From	To	Employer	Telephone
Job Title		Address	
Contact Person		Summarize the nature of the work performed	
May we Contact for a Reference?			
Reason for leaving?		Hourly Rate/Salary	
		Start \$ _____ per _____ Final \$ _____ per _____	

From	To	Employer	Telephone
Job Title		Address	
Contact Person		Summarize the nature of the work performed	
May we Contact for a Reference?			
Reason for leaving?		Hourly Rate/Salary	
		Start \$ _____ per _____ Final \$ _____ per _____	

From	To	Employer	Telephone
Job Title		Address	
Contact Person		Summarize the nature of the work performed	
May we Contact for a Reference?			
Reason for leaving?		Hourly Rate/Salary	
		Start \$ _____ per _____ Final \$ _____ per _____	

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May we Contact for a Reference?			
Reason for leaving?		Hourly Rate/Salary	
		Start \$ _____ per _____ Final \$ _____ per _____	

Other Skills and Abilities

Typing speed _____ words per minutes

Do you have a CDL license? Yes No

Identify software programs you are Proficient in:

List heavy equipment you have operated:

Other Skills:

Other equipment:

Indicate any foreign languages you can speak, read and/or write: _____

List any other additional information you would like us to consider: _____

References

Name	Contact Telephone Number(s)	Relationship

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period to time not to exceed three months. Any applicant wishing to be considered beyond this time period should inquire as to whether or not applications are being accepted at that time.

In the event of my employment, I understand that false or misleading information given in my applications or interview may result in discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature **Date**

