

**Sweetwater County
Recreation Board**

731 "C" Street - Room # 110
Rock Springs, WY 82901

Phone: (307)-352-6623
Fax: (307)-352-6865

Application for Employment

An Equal Opportunity Employer M/F/H/V

DATE OF APPLICATION _____

Please complete all items thoroughly and legibly on an original blue application blank; photocopied applications not accepted. Please do not substitute a resumé for any section of this application.

CONTACT INFORMATION

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip Code

TELEPHONE NUMBER (____) _____ - _____ SOCIAL SECURITY NO. _____ - _____

EMPLOYMENT INTERESTS

POSITION(S) APPLIED FOR _____ SALARY DESIRED _____

Name of organization or person who referred you _____

Your association or relationship to referral source _____

AVAILABILITY

Are you legally eligible for employment in this country? Yes No
(Proof of eligibility will be required upon employment.)

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you presently employed? Yes No Date available for work _____

Are you on lay-off and subject to recall? Yes No

Are you available to work: Full Time Part Time Temporary Shift Work

Available for overtime as needed? Yes No

Available for travel as needed? Yes No

Driver's License Number *(if required by job)* _____ State _____ Class (Type) _____
(For Driver positions only, a copy of your current motor vehicle record and a list of your traffic violations for the past three years must be attached.)

Are you bondable? *(Answer only for those positions requiring bonding.)* Yes No

Have you been convicted of a felony within the past seven years? Yes No
(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain _____

EMPLOYMENT HISTORY Beginning with your present or last job, please provide the following information about your employment record. If additional space is needed, please continue with the same format on a separate sheet of paper. Explain any gaps in employment in the "APPLICANT'S NOTES ON EMPLOYMENT" section that follows. Please complete thoroughly and do not substitute resumé for this section.

1	Name and Address of Employer and Type of Business	From		To		Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Your Job Title and Description of Work You Performed:							
Telephone									

2	Name and Address of Employer and Type of Business	From		To		Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Your Job Title and Description of Work You Performed:							
Telephone									

3	Name and Address of Employer and Type of Business	From		To		Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Your Job Title and Description of Work You Performed:							
Telephone									

4	Name and Address of Employer and Type of Business	From		To		Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Your Job Title and Description of Work You Performed:							
Telephone									

We will check references with the employers you have listed unless you indicate those you do not want us to

DO NOT CONTACT Employer Number(s) _____
Reason: _____

MILITARY SERVICE TRAINING

Did you receive any job-related training in the United States military? Yes No.
If yes, describe branch of service, dates, and location of such training below:

REFERENCES List name, address, and telephone number of three business/work references who are not related to you and who are **not** previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name and Address	Telephone	Years Known
	() -	
	() -	
	() -	

I understand and agree that any misrepresentation by me on this application will be sufficient cause for voiding this application or for separating me from the service of the Recreation Board if I have become employed. I further understand that acceptance of an offer of employment does not create a contractual obligation upon the Recreation Board to continue to employ me in the future.

I authorize the Recreation Board to investigate my work performance with my references and with my previous employers, (*except as noted*), and to investigate other such records, (*e.g., motor vehicle operator records, criminal records etc.*), pertinent to the job(s) for which I have applied. I hereby release from liability the Recreation Board and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

I understand and consent to physical examinations, including drug and alcohol screenings, and other tests/evaluations, *etc.* that may be required to certify my suitability for the work for which I have applied, and I release from liability the Recreation Board and its representatives for any legitimate actions it takes relating to the results of such tests. I also understand that refusal to submit to the physical and drug screening will constitute voluntary withdrawal of my application for employment. I also understand that the Recreation Board may refuse to hire me as a result of the examination, and I agree to hold the Recreation Board harmless for such refusal.

If I become employed, I also agree to such physical examinations, including drug and alcohol screenings, and other tests/evaluations, *etc.* as reasonably may be required to certify my continuing suitability for any work which I may encounter while an employee of the Recreation Board. I further agree to hold the Recreation Board harmless for the consequences of such examinations, screenings, tests, *etc.*

Signature of Applicant _____ Date _____
(Application is incomplete and invalid without signature.)

The Recreation Board considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, or any other legally protected status.