

Application For Employment

LARAMIE COUNTY

310 W. 19TH St.
Cheyenne, WY 82001
Phone (307) 633-4355
FAX (307) 633-4329

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position Applied For:	Date of Application
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Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Email Address		

If you are under 18 years of age, can you provide required Proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

If Yes, give date _____

Have you ever been employed with us before?

Yes No

If Yes, give date _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment. Yes No

On what date would you be available to work?

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

Are you currently on "lay-off" status and subject to recall?

Yes No

Can you travel if a job required it?

Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any job related specialized training, apprenticeship, skills, qualifications from other employment, military or other experiences.

Specialized Skills Check Skills/Equipment Operated

<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1,2,3	Production/ Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PBX System	<input type="checkbox"/> Excel		
<input type="checkbox"/> Word Perfect	<input type="checkbox"/> Calculator		
<input type="checkbox"/> Desktop Publishing	<input type="checkbox"/> MS Word		
<input type="checkbox"/> Internet			
		_____	_____
		_____	_____
		_____	_____

References

1.	_____ (Name)	_____ (Phone #)
	_____ (Address)	
2.	_____ (Name)	_____ (Phone #)
	_____ (Address)	
3.	_____ (Name)	_____ (Phone #)
	_____ (Address)	

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, nation origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
5.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

Criminal History

*A Criminal Background Check may be required for hiring.
A Drug and/or Alcohol test may be required before hiring.*

Have you been convicted of a felony or any crime which carried the potential of a jail sentence in Wyoming or any other state or territory of the United States or any foreign country?

(This does not include minor traffic offenses, but does include alcohol related traffic incidents or convictions resulting from accidents involving injury to persons)

Yes No

If Yes, please explain and provide the date of conviction(s), the nature and title of the offense and the jurisdiction in which the conviction occurred. _____

Applicant's Statement

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

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

This application for employment is effective for the position applied for only. A separate application must be submitted for each position vacancy.

I hereby understand and acknowledge that Laramie County is an at-will employer. Either Laramie County or the employee can terminate employment at any time for any reason or no reason. There are no promises, express or implied, for continued employment, and no one nor any individual elected official may waive or modify these conditions of employment. Laramie County policies are not intended to be construed as part of any employment relationship and/or contract, and are simply general statements or organizational policy. Laramie County policies are subject to unilateral change under direction of the governing body, the Board of Laramie County Commissioners.

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

Signature

Date

APPLICANT INVITATION TO SELF-IDENTIFY

Please read all instructions carefully before completing this form

Thank you for considering Laramie County Government in your job search. Laramie County Government is committed to ensuring equal opportunity to all applicants and employees without regard to race, color, sex, religion, national origin, age, disability, veteran status or any other basis of discrimination protected by applicable local, state or federal law. In order to evaluate and improve our recruiting processes and to respond to federal recordkeeping and reporting requirements, we invite you to complete this brief form. Providing this information is voluntary; refusal to provide the information will not result in any adverse treatment. This information form will be kept in a separate, confidential file and will be used only for government reporting purposes.

RACE/ETHNIC GROUPS:

Hispanic or Latino – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

White (not of Hispanic or Latino origin)- All persons having origins in any of the original peoples of Europe, North Africa or the Middle East

Black or African American (Not of Hispanic origin)- All persons having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Non-Hispanic or Latino)- A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Non-Hispanic or Latino)- All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent , including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Thailand, the Philippine Islands and Vietnam.

American Indian or Alaskan Native (Non-Hispanic or Latino)-All person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

I do not wish to self-identify

Sex:

Male **Female** **I do not wish to self- identify**

How did you find out about this position?

- | | |
|---|--|
| <input type="checkbox"/> Newspaper Classified Ad | <input type="checkbox"/> Employee Referral |
| <input type="checkbox"/> County Website | <input type="checkbox"/> Job Fair |
| <input type="checkbox"/> Workforce Center (Wyoming at Work) | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Website: _____ | <input type="checkbox"/> Other: _____ |

Name: _____
Last First Middle

Position applying for: _____ Date: _____

Qualified applicants are considered for employment and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability or any other classification protected by Federal, State or Local Law.

TO BE COMPLETED BY COUNTY PERSONNEL:			
EEO Category:		Date entered:	