

Application For Employment

Board of Health
City-County Health Department
 100 Central Ave
 Cheyenne, WY 82001
 Phone: (307) 633-4000
 Fax: (307) 6333-4005

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(s) 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)	Social Security Number	

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 for 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 the job requires 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/	
<input type="checkbox"/> PBX System	<input type="checkbox"/> Excel	Mobile Machinery (List)	Other (List)
<input type="checkbox"/> Word Perfect	<input type="checkbox"/> Calculator	_____	_____
<input type="checkbox"/> Desktop Publishing	<input type="checkbox"/> MS Word	_____	_____
<input type="checkbox"/> Internet	<input type="checkbox"/> Access	_____	_____

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, national origin, disabilities or other protected status.

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

If you need additional space, please continue on a separate sheet of paper.

Criminal History

*A Criminal Background Check may be required for hiring.
A Drug and/or Alcohol test may 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 the Board of Health is an at-will employer. Either the Board of Health or the employee can terminate employment at any time for any reason or for no reason. There are no promises, express or implied, for continued employment, and no one nor any individual associate official may waive or modify these conditions of employment. Board of Health policies are not intended to be construed as part of any employment relationship and/or contract, and are simply general statements or organizational policy. Board of Health policies are subject to unilateral change under direction of the governing body, the Board of Health.

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