

# Application For Employment

## LARAMIE COUNTY

310 W. 19<sup>TH</sup> 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

## 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		_____	_____

### 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

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*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. \_\_\_\_\_

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## Applicant's Statement

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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