

Town of Glenrock

P. O. Box 417 - 219 S. Third St.
Glenrock, WY 82637
(307)436-9294
FAX(307)436-5729

Employment Application

- ✓ **TYPE OR PRINT CLEARLY IN DARK INK.**
- ✓ **ANSWER ALL QUESTIONS FULLY AND ACCURATELY.**
- ✓ **NOTIFY THE PERSONNEL DEPARTMENT OF ANY CHANGE IN NAME OR ADDRESS.**
- ✓ **FALSE STATEMENTS OR OMISSIONS MAY RESULT IN DISQUALIFICATION.**
- ✓ **MUST HAVE A VALID DRIVERS LICENSE (CDL IF JOB SPECIFIC).**
- ✓ **TWO FORMS OF ID WILL BE REQUIRED (ONE PICTURE) IF CALLED FOR INTERVIEW.**

Name			
Position			
Date		Date Avail.	
Are you currently Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	May we contact your employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you applied here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	When?	

APPLICANT INFORMATION			
Name (Last, First MI)		Social Security No.	
Physical Address	City	State	ZipCode
Mailing Address	City	State	ZipCode
Phone No.		Referred By	

NONDISCRIMINATION STATEMENT
<p>It is the policy and intent of the Town of Glenrock to provide equal opportunity in employment for all persons. This policy prohibits discrimination on the basis of race, color, religion, national origin, political affiliation, disability, marital status, sex, or age. This policy applies to all phases of employment. No question on this application is intended to secure information to be used for such discrimination.</p>

MILITARY SERVICE			
Branch			
Dates of Service	From		To
Rank upon exiting			
Type of Discharge			

Have you received any specialized or job-related training you would like us to know about?

EDUCATION INFORMATION			
	High School	College	Graduate School
Years Completed			
Diploma/Degree	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Course Study			
Specialized Training Apprenticeship & Skills			
Describe any honors you have received			

EMPLOYMENT EXPERIENCE			
Employer	Dates of From	Employ To	Work Performed
Address			
Telephone(s)	Ending	Pay	
Job Title/Supervisor			
Employer	Dates of From	Employ To	Work Performed
Address			
Telephone(s)	Ending	Pay	
Job Title/Supervisor			
Employer	Dates of From	Employ To	Work Performed
Address			
Telephone(s)	Ending	Pay	
Job Title/Supervisor			
Employer	Dates of From	Employ To	Work Performed
Address			
Telephone(s)	Ending	Pay	
Job Title/Supervisor			

REFERENCES			
Name	Address	Telephone	Years

AUTHORIZATION

“ I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of any disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.”

Applicant's Signature

Date

INTERNAL USE ONLY - DO NOT WRITE BELOW THIS LINE - INTERNAL USE ONLY

Date of Hire	HR Director	Department Head	Mayor