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# Town of Lusk

## Employment Application

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DATE: \_\_\_\_\_

### PERSONAL INFORMATION

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NAME: \_\_\_\_\_

Last First Middle

CURRENT ADDRESS: \_\_\_\_\_

Street Address City/State/Zip

TELEPHONE: \_\_\_\_\_ S.S.N.: \_\_\_\_\_

18 YEARS OF AGE OR OLDER?  YES  NO ARE YOU A U.S. CITIZEN?  YES  NO

POSITION FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?  YES  NO IF YES, MAY WE CONTACT THEM?  YES  NO IF YES,

WHAT IS YOUR CURRENT EMPLOYERS CONTACT INFORMATION: \_\_\_\_\_

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?  YES  NO WHEN? \_\_\_\_\_

WHO REFERRED YOU TO THIS COMPANY? \_\_\_\_\_

### IN CASE OF EMERGENCY, NOTIFY?

NAME ADDRESS TELEPHONE

### EDUCATION

	Name & Location of School	Years Attended?	Diploma Received?	Subjects Studied?
Elementary				
Secondary				
College/University				
Other				

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK: \_\_\_\_\_

SPECIAL SKILLS: \_\_\_\_\_

ACTIVITIES (CIVIC, ATHLETIC, ETC.): \_\_\_\_\_

HAVE YOU EVER SERVED IN THE UNITED STATES ARMED FORCES?  YES  NO

IF YES, WHEN? \_\_\_\_\_, WHAT BRANCH? \_\_\_\_\_, RANK? \_\_\_\_\_

ARE YOU CURRENTLY A MEMBER OF THE NATIONAL GUARD OR RESERVES?  YES  NO

**PAST EMPLOYMENT (STARTING WITH MOST RECENT)**

EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

POSITION/JOB TITLE: \_\_\_\_\_ WAGE/SALARY: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

POSITION/JOB TITLE: \_\_\_\_\_ WAGE/SALARY: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

POSITION/JOB TITLE: \_\_\_\_\_ WAGE/SALARY: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

REASON FOR LEAVING? \_\_\_\_\_

Past Employment: If you need additional space, please attached a separate sheet.

**REFERENCES (LIST THREE PERSONS NOT RELATED TO YOU)**

1.	NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN
2.	NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN
3.	NAME	ADDRESS	PHONE NUMBER	YEARS KNOWN

**"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 listed above to give you any and all information concerning my previous employment and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same to you.**

**I understand and agree that, if hired my employment is for no definite period, and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause."**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

P.O. Box 390 • 201 East 3<sup>rd</sup> St. • Lusk, Wyoming 82225 • (307) 334-3612 • Fax (307) 334-2154  
TTY/TDD 1-800-877-9965

"This institution is an equal opportunity provider and employer."

"If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov)."