

Crook County Weed and Pest Control District
P.O. Box 7 * Phone 307-283-2375
Sundance, WY 82729

Employment Application Form

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical conditions or handicap, or any other legally protected status.

Personal Information

Full Name: _____

Address: _____

City, State, Zip Code: _____

Email: _____

Date Available: _____

Employment Eligibility

Are you a U.S. Citizen? Yes / No

Have you ever been convicted of a felony? Yes / No

If yes, Please Explain:

Education

High School: _____

Graduate: Yes / No

College: _____

Highest Level of Graduation: _____

Graduate: Yes / No

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Employment History

Employer #1

Name: _____

Phone Number: _____

City, State, Zip: _____

Job Titles: _____

Responsibilities: _____

Do we have permission to contact? Yes / No

Employer #2

Name: _____

Phone Number: _____

City, State, Zip: _____

Job Titles: _____

Responsibilities: _____

Do we have permission to contact? Yes / No

References:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

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Additional Comments / Remarks:

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, including but not limited to criminal records and previous employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "AT WILL" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "AT WILL" employment relationship may not be changed by any written document, by conduct or oral statement unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____

Print Name: _____

Date _____