



237 N. Main, Suite 200
 Sheridan, WY 82801

Application for Employment

Date of Application: _____

Personal Information

Last Name	First Name	Middle Name or Initial		
Date of Birth ____/____/____	Home phone	Cell Phone		
Social Security Number		Email		
Current /Present Address	City	State	Zip Code	How long have you lived at this address? ____years ____months
Previous Address(within last 3 years)	City	State	Zip Code	How long have you lived at this address? ____years ____months

Education:

	Name and Location of School	Circle Last Year Completed	Did you Graduate:	Subjects Studied an Degree(s) Received
High School		1 2 3 4	Yes No	
College		1 2 3 4	Yes No	
Other		1 2 3 4	Yes No	

Employment History: FOR LAST 3 YEARS

1. Most recent employer (Company Name)	Employment Date		Job Title	Supervisor Name
	From:	To:		
Company address:				
Company phone number:				
Describe Duties:				
Reason for Leaving:				

2. Next most recent employer	Employment Date		Job Title	Supervisor Name
	From:	To:		
Company address:				
Company phone number:				
Describe Duties:				
Reason for Leaving:				

3. Next most recent employer	Employment Date		Job Title	Supervisor Name
	From:	To:		
Company address:				
Company phone number:				
Describe Duties:				
Reason for Leaving:				

Job Related Skills:

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job related functions in the position for which you are applying: _____

Other Information:

Have you even been convicted of a felony, DUI or other violation? _____
 If yes, explain in detail: _____

Are there are any preexisting health/wellness conditions we need to be aware of? _____
 If yes, please explain in detail _____

Are you capable of performing the essential functions of the job for which you are applying with reasonable accommodation? _____

Do you speak English? _____ Other Languages spoken fluently _____
 Do you have a current Driver's License valid in the United States? _____
 Do you have a current Commercial Driver's License? _____
 Are you legally eligible for employment in the country? _____

Name small/large equipment you have experience operating _____

Applicant Statement

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and test, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Date: _____ Signature: _____

Additional Information for CDL Licensed Employees

License Information

Driver Licenses	State	License Number	Type	Expiration Date

Driving Experience

Class of Equipment	Type of Equipment	Dates		Approximate number of Miles (Total)
		From	To	

Accident Record

Type	Date	Accident Detail (Head-on, Rear-end, Upset, etc.)	Fatalities	Injuries
Last Accident				
Next Previous				
Next Previous				
Next Previous				

Traffic Conviction/Forfeitures (Other than parking violations)

Location	Date	Charge	Penalty

Have you ever been denied a license, permit or privilege to operate a motor vehicle? ___Yes ___No

Has any license, permit or privilege ever been suspended or revoked? ___Yes ___No

If the answer to either of these is yes, attach a statement giving the details.