

Employment Application

Park County, Wyoming

1002 Sheridan Avenue ~ Cody, WY 82414

Notice to Applicants

Park County considers applicants without regard to race, color, religion, creed, gender, national origin, age, marital status, the presence of a non-job-related medical conditions or physical disability or any other legally protected status unless related to a bona fide occupational requirement.

Position Applied For: _____

Application Due Date: _____

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Name _____
Last First Middle

Mailing Address: _____
City St Zip

Email Address: _____

Work Phone: _____ Home Phone: _____ Cell Phone: _____

List other names, if any, used on employment or education records: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Have you ever worked for or are you currently working for Park County? Yes No

If yes, please provide dates and department(s): _____

Prior Position(s): _____

Reason(s) for leaving: _____

Do you have relatives working for Park County? Yes No

If yes, please give their name, department and relationship: _____

Please describe your experience with Microsoft Office programs or other similar software programs for word processing and spreadsheet applications. Rate your knowledge and use of the programs 1-10 with 1 being no experience and 10 being proficient.

E D U C A T I O N	School	Name and Address of School	Course Of Study	Circle Last Year Completed	Did You Graduate	List Diploma or Degree(s)
	High School			8 9 10	<input type="checkbox"/> Yes	
				11 12	<input type="checkbox"/> No	
	College			1 2	<input type="checkbox"/> Yes	
				3 4	<input type="checkbox"/> No	
	Other (Specify)					

S P E C I A L S K I L L S	<p>Special Skills Relating To The Position For Which You Are Applying: (clerical skills, bookkeeping, accounting, etc.)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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References: List three (3) references that have knowledge of your ability to perform this job.

Name of Reference	Complete Mailing Address	Telephone Number	Years Acquainted

Employment Experience
 On the following page please list your ENTIRE employment experience. Please begin with your present or most recent job and list your entire work experience with emphasis on experience relevant to this position. Include military service and any volunteer work that provided experience that would help you qualify. If the space provided is not sufficient, you may continue this section on a separate sheet of paper. This information must be completed in full. **Notice to Applicants: Information that you provide on this application is subject to verification. Previous employers may be contacted as references or for verification of information.**

Do you want to be informed before we contact your present employer? Yes No

Current Employer: _____ Mailing Address: _____
Street Address: _____ Date Employed: From _____ To _____
Salary/Wage: _____ Position(s) Held: _____
Contact Name and Title: _____ Phone #: _____
Description of work performed: _____

Reason for leaving: _____

Employer: _____ Mailing Address: _____
Street Address: _____ Date Employed: From _____ To _____
Salary/Wage: _____ Position(s) Held: _____
Contact Name and Title: _____ Phone #: _____
Description of work performed: _____

Reason for leaving: _____

Employer: _____ Mailing Address: _____
Street Address: _____ Date Employed: From _____ To _____
Salary/Wage: _____ Position(s) Held: _____
Contact Name and Title: _____ Phone #: _____
Description of work performed: _____

Reason for leaving: _____

AUTHORIZATION TO RELEASE INFORMATION

I certify that all information provided in this application is true and complete. I understand that misrepresentation or omission of facts during the application or selection process may disqualify me from further consideration. I understand Park County may conduct a background investigation, which may include obtaining information from former employees, co-workers or others with knowledge of my work experience. I understand I have the right to make a written request within a reasonable time for the disclosure of the name and address of any consumer-reporting agency, which may be utilized in the background investigation

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers and organizations contacted to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that I may be required to successfully pass drug and alcohol screening examinations. I hereby consent to pre-employment drug and alcohol screens, if required, as a condition of employment.

I have read, understand and, by my signature, consent to these statements. I authorize investigation of all information contained in this application.

Signature of Applicant

Date