

**CONFIDENTIAL**

**City of Lander Application for Employment**



**WHAT IS THE PURPOSE OF THIS FORM**

To assist the municipality in selecting a person for an advertised post. This form may be used to identify candidates to be interviewed. Since all applicants cannot be interviewed, you need to fill in this form completely, accurately and legibly. This will help to process your application fairly.

The City of Lander is an Equal Opportunity Employer.

**A. THE ADVERTISED POST**

Position for which you are applying for (as advertised):

If you were offered the position, when can you start OR how much notice must you serve with your current employer?

**B. PERSONAL INFORMATION**

First Name:				
Last Name:				
Address:				
	Street Name and No.	City	State	Zip code
Referred for this position by:				
Are you legally eligible for employment in the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted of a felony offense? A conviction will not necessarily disqualify an applicant from employment.	YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, state the particulars:				
Have you ever been terminated from employment or asked to resign by an employer?	YES <input type="checkbox"/> NO <input type="checkbox"/>			
If yes, state the particulars:				

<b>C. HOW DO WE CONTACT YOU?</b>			
Method of Correspondence	Phone	Cell	Email
<b>D. QUALIFICATIONS</b>			
Are you a high school graduate	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
High School Equivalency	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
College or University	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Trade, Business, or Correspondence School	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are you presently attending school?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Where:
Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have a CDL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Number:
Can operate heavy equipment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you hold any professional license or certifications?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, what?
If so, type and date issued.	Type:	Date Issued:	

Veterans Preference. If you are a war veteran as defined in section 10 Title 38, U.S.C., or are a widow of a war veteran, and wish to claim any veteran's preferences pursuant to W.S. 19-14-102 please attach form DD214 and the appropriate documentation substantiating your claim. .

<b>E. EMPLOYMENT HISTORY</b>				
Beginning with your present or most recent experience, account for all employment during the past ten (10) years. To elaborate, a supplemental sheet or resume may be attached, but cannot be substituted for a completed application. Include military service if applicable.				
Name of Employer	Job Title	Name of Supervisor	Phone Number	Address

\*Inquiry may be made of your current and former employers/schools you attended.

<b>D. PROFESSIONAL REFERENCES</b>		
Full Name	Business/Occupation	Phone Number
1)		
2)		
3)		

**APPLICANT’S STATEMENT AND AUTHORITY TO RELEASE INFORMATION**

(Required for **ALL** Positions)

I understand that this employment application and any other city documents are not contracts of employment, and any person hired is employed at-will and may be terminated by the employer at any time for any reason. I understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by a prospective or existing employee. I understand that the City of Lander may modify, change, or revoke any of its employment policies, pay practices, and benefits without my agreement. I hereby state that all answers on this application are true and understand that falsifying this information can lead to termination if hired. **I UNDERSTAND THAT IN ACCORDANCE WITH CITY POLICY, FINAL CANDIDATES ARE SUBJECT TO AN ALCOHOL / DRUG TEST AS A CONDITION OF EMPLOYMENT.**

I hereby authorize any and all persons, companies, or agencies to release any and all background information, of a confidential or privileged nature, including criminal history, relevant to this application and any pertinent information they may have to the hiring authorities of City of Lander. I release all such parties from all liability of every kind as the result of furnishing the same to City of Lander. This information is to be used to assist the City in determining my qualifications and fitness for the position I am seeking. I hereby release City of Lander and its officers, agents and employees from any liability for the use of any and all of the foregoing information, in consideration for being reviewed for the aforesaid position.

Full Name (printed)		Signature:	
Date:			