



Town of Jackson Employment Application

P.O. Box 1687
150 East Pearl
Jackson, WY 83001
www.townofjackson.com

Personnel Department
(307) 733-3932

10/24/2011

Instructions: Please complete this application by answering each and every question on it. You may attach a resume but information provided on the resume should not be substituted for completion of the application. Use blank paper if you do not have enough room on this application.

EQUAL OPPORTUNITY EMPLOYER: It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40) gender, marital status, or physical handicap, except where a reasonable, bona fide occupational qualification exists. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Position Applied For	Type of Employment		Date of Application	When could you start?
	Full Time <input type="checkbox"/>	Summer <input type="checkbox"/>		
	Part Time <input type="checkbox"/>	Temporary <input type="checkbox"/>		

Name of Applicant (please indicate how you wish to be addressed)		
Last Name	First Name	Initial (s)

Address (No., Street, City, State, Zip Code)(Include Mailing Address)	e-mail address:
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Social Security Number (Optional)(Required after hire)	Telephone Number (Home)	Business
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Do you have military experience in the Armed Forces of the United States? YES NO
If so, what branch?

Are you legally authorized at the time of hire to work in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	Date available for employment:
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For jobs involving driving, do you have a valid driver's license? YES <input type="checkbox"/> NO <input type="checkbox"/>	Salary Expected:
	Class:
	License Number:

Education

Secondary School attended and location.	Highest grade successfully completed	Year Graduated
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University attended and location.	No. of years completed	Year graduated	Degrees or # of Credit Hours

Major subjects of specialization.

Community College attended and location.	No. of years completed	Year graduated	Degrees or # of Credit Hours

Major subjects of specialization

Other Educational Training/Courses. List any Licenses or Certifications held.

EMPLOYMENT HISTORY (List present or most recent positions first)

1. Name of Employer	Address	No.	Street	City
Type of Business	Department		Your Position	
Duties				
Name and Position of Immediate Supervisor				
Date Employed (Day, Mo, Yr)	Date Left (Day, Mo, Yr)		Starting Salary	Final Salary
Reason for leaving				

2. Name of Employer	Address	No.	Street	City
Type of Business	Department		Your Position	
Duties				
Name and Position of Immediate Supervisor				
Date Employed (Day, Mo, Yr)	Date Left (Day, Mo, Yr)		Starting Salary	Final Salary
Reason for leaving				

3. Name of Employer	Address	No.	Street	City
Type of Business	Department		Your Position	
Duties				
Name and Position of Immediate Supervisor				
Date Employed (Day, Mo, Yr)	Date Left (Day, Mo, Yr)		Starting Salary	Final Salary
Reason for leaving				

MAY WE ASK YOUR PRESENT EMPLOYER FOR A REFERENCE?

YES NO

Skills

Skill/Aptitude	Years of Experience	Types	List any training courses completed which may be helpful in considering your application.
Data Entry			
Truck/Heavy Equipment Operation			

Have you applied with the Town of Jackson before? YES NO
If so, when and for what position?

Were you ever employed with the Town of Jackson before? YES NO
If so, when and in what capacity?

Whom do you know that works for the Town of Jackson?

How did you learn of this opening?

Languages (spoken, written, read) Note fluency

Special talents

Are you over 18 years of age? YES NO

A medical exam may be required after an offer of employment has been made.

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." YES NO
(Exclude minor traffic violations)

If yes, give details. A conviction will not necessarily disqualify an applicant for employment.

We appreciate your interest in seeking employment with us - please feel free to make any additional remarks in the space provided below or attach any additional information that would be helpful in evaluating your qualifications.

Additional Remarks

REFERENCES (Please do not list relatives or former employers)

Name	Occupation	Address & Phone Number

Note: A job offer may be contingent upon acceptable references from current & former employers.

Have you worked or attended school under any other names? YES NO
If yes, give names:

Are you presently employed? YES NO
If yes, whom do you suggest we contact?

Have you ever been fired from a job or asked to resign? YES NO
If yes, please explain:

**AFFIDAVIT, CONSENT AND RELEASE
PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations 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 I will be required to successfully pass a pre-employment drug screening examination. I also understand that I will be entered into the Town of Jackson's Drug Free Workplace drug and alcohol testing program including pre-employment, post incident, and reasonable suspicion testing. I hereby consent to this pre-employment test and to any testing required for participation in this program. If my application is for a position that requires a Commercial Driver's License (CDL), I further understand that I will also be entered into the federally mandated drug and alcohol testing program that includes pre-employment, post incident, reasonable suspicion and random drug and alcohol testing. I hereby consent to this pre-employment test and to any testing required for participation in this program.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Date

Signature of Applicant