

# Application For Employment

## LARAMIE COUNTY

310 W. 19<sup>TH</sup> St.  
Cheyenne, WY 82001  
Phone (307) 633-4355  
FAX (307) 633-4329

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

*(PLEASE PRINT)*

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required  
Proof of your eligibility to work?

Yes       No

Have you ever filed an application with us before?

Yes       No

If Yes, give date \_\_\_\_\_

Have you ever been employed with us before?

Yes       No

If Yes, give date \_\_\_\_\_

Are you currently employed?

Yes       No

May we contact your present employer?

Yes       No

Are you prevented from lawfully becoming employed in this  
Country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment.       Yes       No

On what date would you be available to work?

Are you available to work:     Full Time     Part Time     Shift Work     Temporary

Are you currently on "lay-off" status and subject to recall?

Yes       No

Can you travel if a job required it?

Yes       No

## Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any job related specialized training, apprenticeship, skills, qualifications from other employment, military or other experiences.


### Specialized Skills Check Skills/Equipment Operated

<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1,2,3	Production/ Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PBX System	<input type="checkbox"/> Excel	_____	_____
<input type="checkbox"/> Word Perfect	<input type="checkbox"/> Calculator	_____	_____
<input type="checkbox"/> Desktop Publishing	<input type="checkbox"/> MS Word	_____	_____
<input type="checkbox"/> Internet		_____	_____

### References

1.	_____ (Name)	_____ (Phone #)
	_____ (Address)	
2.	_____ (Name)	_____ (Phone #)
	_____ (Address)	
3.	_____ (Name)	_____ (Phone #)
	_____ (Address)	

## Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, nation origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
5.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

# Criminal History

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*A Criminal Background Check may be required for hiring.  
A Drug and/or Alcohol test may be required before hiring.*

Have you been convicted of a felony or any crime which carried the potential of a jail sentence in Wyoming or any other state or territory of the United States or any foreign country?

*(This does not include minor traffic offenses, but does include alcohol related traffic incidents or convictions resulting from accidents involving injury to persons)*

Yes  No

If Yes, please explain and provide the date of conviction(s), the nature and title of the offense and the jurisdiction in which the conviction occurred. \_\_\_\_\_

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## Applicant's Statement

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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.

This application for employment is effective for the position applied for only. A separate application must be submitted for each position vacancy.

I hereby understand and acknowledge that Laramie County is an at-will employer. Either Laramie County or the employee can terminate employment at any time for any reason or no reason. There are no promises, express or implied, for continued employment, and no one nor any individual elected official may waive or modify these conditions of employment. Laramie County policies are not intended to be construed as part of any employment relationship and/or contract, and are simply general statements or organizational policy. Laramie County policies are subject to unilateral change under direction of the governing body, the Board of Laramie County Commissioners.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**APPLICANT INVITATION TO SELF-IDENTIFY**

Please read all instructions carefully before completing this form

Thank you for considering Laramie County Government in your job search. Laramie County Government is committed to ensuring equal opportunity to all applicants and employees without regard to race, color, sex, religion, national origin, age, disability, veteran status or any other basis of discrimination protected by applicable local, state or federal law. In order to evaluate and improve our recruiting processes and to respond to federal recordkeeping and reporting requirements, we invite you to complete this brief form. Providing this information is voluntary; refusal to provide the information will not result in any adverse treatment. This information form will be kept in a separate, confidential file and will be used only for government reporting purposes.

**RACE/ETHNIC GROUPS:**

- Hispanic or Latino** – All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- White (not of Hispanic or Latino origin)**- All persons having origins in any of the original peoples of Europe, North Africa or the Middle East
- Black or African American (Not of Hispanic origin)**- All persons having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Non-Hispanic or Latino)**- A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Non-Hispanic or Latino)**- All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent , including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Thailand, the Philippine Islands and Vietnam.
- American Indian or Alaskan Native (Non-Hispanic or Latino)**-All person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- I do not wish to self-identify**

**Sex:**

- Male
- Female
- I do not wish to self- identify

**How did you find out about this position?**

- Newspaper Classified Ad
- County Website
- Workforce Center
- Other: \_\_\_\_\_
- Employee Referral
- Job Fair
- County Job Board

Name: \_\_\_\_\_  
Last First Middle

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_

*Qualified applicants are considered for employment and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability or any other classification protected by Federal, State or Local Law.*

<b>TO BE COMPLETED BY COUNTY PERSONNEL:</b>			
EEO Category:		Date entered:	