



## APPLICATION FOR EMPLOYMENT

<b>P E R S O N A L</b>	Last Name	First Name	Middle Initial	Date
	Street Address			Home Phone ( )
	City, State, & Zip			Business Phone ( )
	Position Desired			Cell Phone ( )
	Type of employment desired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			Pay Expected
	When will you be available to begin work?			e-mail address

<b>E D U C A T I O N</b>	School	Name & Location of School	Course of Study	No. of yrs completed	Did you Graduate?	Degree or Diploma
	College					
	Trade School					
	High School					
	Other					

<b>CERTIFICATIONS</b>	
Name of License or Certification	License or Certification Number

<b>Drivers License Information</b>			
	YES	NO	EXP. DATE
Do you have a current Wyoming Driver's License			
Do you have a current Wyoming GDL License			
Have you had any accidents during the past three years			
Have you had any moving violations during the past three years			

<b>Office Skills</b>			
	YES	NO	
Typing			WPM
10-Key			
Computer			<input type="checkbox"/> PC <input type="checkbox"/> Mac
List Computer Software that you are familiar with:			
Other:			



<b>PREVIOUS EMPLOYMENT</b>		Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer
<b>1</b>	Company Name	Telephone No. ( )
	Address	Employed (Month and Year) From To
	Name of Supervisor	Weekly Pay Start Ending
	Job Title and Work Description:	Reason for Leaving
<b>2</b>	Company Name	Telephone No. ( )
	Address	Employed (Month and Year) From To
	Name of Supervisor	Weekly Pay Start Ending
	Job Title and Work Description:	Reason for Leaving
<b>3</b>	Company Name	Telephone No. ( )
	Address	Employed (Month and Year) From To
	Name of Supervisor	Weekly Pay Start Ending
	Job Title and Work Description:	Reason for Leaving
<b>4</b>	Company Name	Telephone No. ( )
	Address	Employed (Month and Year) From To
	Name of Supervisor	Weekly Pay Start Ending
	Job Title and Work Description:	Reason for Leaving

May we contact your present employer?  Yes  No

<b>S I G N A T U R E</b>	<p>I hereby declare the information provide in this Application for Employment is true, correct and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal at any time without any previous notice. I hereby give the Town of Thayne permission to contact schools, previous employers (unless otherwise indicated), references, and others. I further authorize the company to obtain a copy of my driving record.</p> <p>I hereby release the Town of Thayne from any liability as a result of such contacts, inquiries, or records in order to ascertain my qualifications and fitness for employment.</p> <p>I further understand that my employment with the Town of Thayne shall be probationary for a period three months, and further that at any time during the probationary period or thereafter, my employment relationship with is terminable "at will" for any reason by either party.</p>
	<p>Signature of Applicant _____ Date _____</p>