



270 North Clark Street – Powell, Wyoming 82435  
 (307) 754-5106 – FAX (307) 754-5385

# Application for Employment

## Part-time or Seasonal Positions

**Please read carefully and personally complete.**

Provide all information requested. If the information requested does not apply put "N/A" or "-" in the space provided. If more space is necessary please attach additional documents.

### An Equal Opportunity Employer

The City of Powell is an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status or status as a disabled veteran.

Failure to properly complete the application as requested may result in the application being rejected.

### Personal

The following information is requested of you for verification and contact purposes:

**COMPLETE ALL ITEMS**

Last Name	First	Middle	Personnel use-Reviewed by	Date of Application
Street Address			Type (s) of work desired	E-mail Address
City	State	Zip Code	Full Time: _____ Part Time: _____	Telephone Numbers Home: Cell:
What name do you go by:				

### Position

Position applied for \_\_\_\_\_

Were you previously employed by us? \_\_\_\_\_ If so, when? \_\_\_\_\_

Are you related to any current City of Powell Employee(s)? \_\_\_\_\_

If yes, please provide the employee's name and nature of the relationship \_\_\_\_\_

For temporary/seasonal employment please complete dates available for employment \_\_\_\_\_

### Personal

Are you 18 years or older?  Yes  No

Are you 14 years or older?  Yes  No

Are you legally eligible for employment in the United States and can you provide such documentation?  Yes  No

Have you ever worked under a different name?  Yes  No If yes, list all names used and locations.

Name	Address	Dates:	
		From	To

Meets minimum requirements to apply for desired position (s)  Yes  No

Comment \_\_\_\_\_

Application complete?  Yes  No Comment \_\_\_\_\_

Background check: Approved?  Yes  No Done by : \_\_\_\_\_

## Residence

Please list all of your residences during the last 10 years beginning with current residence (none prior to your 18th birthday).

Address, City, State Zip	From	To	If, rented give name, address and phone number of owner.

## Education

Please list all schools you have attended beginning with high school.

Name of School	City/State	Degree/Diploma	Year	Major	Minor

## Experience and Employment

Beginning with your most recent employment, please list all jobs (including part-time, temporary and voluntary positions) you have held in the past 10 years. For the purposes of this personal history statement, voluntary work should be included as employment. If you have had intervening periods of military service or unemployment, please list those periods in sequence in the spaces provided

Dates of Employment From _____ To _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/>	Name and Address of Employer  Telephone # Title or Duties (for identification purposes)	Name of Supervisor:  Name of co-workers:
--	--	--

Reason for leaving:

\_\_\_\_\_ Military Service \_\_\_\_\_ Not Employed From \_\_\_\_\_ To \_\_\_\_\_

Dates of Employment From _____ To _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/>	Name and Address of Employer  Telephone # Title or Duties (for identification purposes)	Name of Supervisor:  Name of co-workers:
--	--	--

Reason for leaving:

\_\_\_\_\_ Military Service \_\_\_\_\_ Not Employed From \_\_\_\_\_ To \_\_\_\_\_

Dates of Employment From _____ To _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary <input type="checkbox"/>	Name and Address of Employer  Telephone # Title or Duties (for identification purposes)	Name of Supervisor:  Name of co-workers:
--	--	--

Reason for leaving:

\_\_\_\_\_ Military Service \_\_\_\_\_ Not Employed From \_\_\_\_\_ To \_\_\_\_\_

## References

Include references, not listed elsewhere in application, which have knowledge of your qualifications. **Exclude relatives and former employers.**

Reference	Telephone Number	Address (include City, State and Zip Code)

---

## Special Skills

---

Please list certificates, training or other skills that are relevant to the job for which you have applied.

---

---

---

---

## Military Service

---

Have you ever served or trained in the armed forces, National Guard or Military reserves?  Yes  No

If "yes" supply the following information:

Branch of Service

Service Number

Dates of Service

Branch of Service	Service Number	Dates of Service

---

---

## Experience and Employment (continued)

---

May we contact your current employer during a background investigation?  Yes  No

If "no" when should contact be made? \_\_\_\_\_

If you have had no prior employment, explain in the space below:

---

---

---

Have you ever received an unsatisfactory performance evaluation?  Yes  No

If, yes give details (employer, supervisor, nature of incident, date, persons involved)

---

---

---

Have you ever received disciplinary action, been fired or asked to resign, or ever quite a job rather than get fired?

If, yes give details (employer, supervisor, nature of incident, date, persons involved)  Yes  No

---

---

---

---

## Personal Character Background

---

The issue of character is essential to the successful performance of a city employee's job. If you have ever been charged, arrested or convicted for any crime (exclude traffic citations), give the following information (Include any DWUI or DWUS arrests): **Criminal convictions are not an absolute bar to employment, but will be considered in relation to specific job requirements.**

Approximate Date	Name of Law Enforcement Agency	Circumstances

---

Have you ever been placed on court probation as an adult?  Yes  No

If yes, give details including when, where, why

---

---

---

Have you ever taken any property or money from an employer or place of business?  Yes  No

If "yes", give details including when, where, why

---

---

---

Have you ever used or possessed controlled substances or alcohol in the work place?  Yes  No

If "yes", give details including when, where, why

---

---

---

Have you ever been convicted of any law violation including any plea of guilty or no-contest?  Yes  No

If "yes", give details including when, where, why – Exclude minor traffic violations

---

---

---

## Motor Vehicle Operation

Does the position you applied for require you to drive?  Yes  No

Current Driver's License Number	State	Expiration Date
---------------------------------	-------	-----------------

Name under which license was granted:

List other states where you have been licensed to operate a motor vehicle.

State	Name under which license was granted:

The following criteria will exclude prospective candidates from operation of City vehicles:

- A. Three (3) or more separate moving violations or at-fault accidents within the previous 36 months.
- B. Two (2) or more separate moving violations or at-fault accidents within the previous 12 months.
- C. An Administrative suspension of a driver license; conviction or any form of deferred prosecution qualified by State Statute, or as amended within the previous 36 months, including but not limited to:
  - Leaving the scene of an accident
  - Reckless Driving
  - Driving under the influence of drugs or alcohol
  - Homicide or assault by motor vehicle
  - Fleeing to avoid arrest
  - Driving without auto insurance

**I understand that my insurability will be verified and I may not be eligible for employment in driving essential position or, if employed, I may be terminated because I am uninsurable.**

Have you ever been refused a driver's license by any state?  Yes  No

If "yes", give details including when, where, why

List all traffic citations (excluding parking citations) you have received within the last 7 years.

Nature of violation	Location (City, State)	Date	Indicate fine taken or revoked driver license

## Accident Details

Have you ever been involved as a driver in a motor vehicle accident within the last 7 years?  Yes  No

If yes, give details for each accident

Date	Location	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-Injury
Did Police investigate? Yes _____ No _____	Police Agency:		

Date	Location	<input type="checkbox"/> Injury	<input type="checkbox"/> Non-Injury
Did Police investigate? Yes _____ No _____	Police Agency:		

Have you ever been involved in an accident and then left the scene without identifying yourself?  Yes  No

Have you ever been involved in an accident that you were required by law to report and didn't?  Yes  No

Have you ever been involved in an accident when you were driving after you had been drinking any type of alcoholic beverage or ingested any controlled substance?  Yes  No

Have you ever operated a motor vehicle while under the influence of an intoxicating beverage or controlled substance?  Yes  No

Have you ever had a hearing for probation or suspension?  Yes  No

If there is anything you wish to discuss about your driving record, use the space below.

Has your license ever been suspended, revoked or placed on negligent operator probation?  Yes  No

If yes, give details including when, where, why

## Read Before You Sign!

The facts set forth in my application for employment are true and complete and I certify that this application was personally completed by me. I understand that if employed, any false statement on this application may result in my dismissal or if during hiring process, disqualification. I further understand that this application is not, and is not intended to be, a contract of employment, nor does this application obligate the employer in any way if the employer decides not to employ me. You are authorized to make any investigation of my personal history and financial and credit record through any investigation of credit agencies or bureaus of your choice.

In making this application for employment, I authorize an investigative report whereby information is obtained through personal interviews with my neighbors, friends, and others with whom I am acquainted. This inquiry, if made, may include information as to my character, personal characteristics and mode of living. I recognize that the City of Powell has a legal, as well as a moral obligation, to make every reasonable effort to ensure that persons employed by them conform to the very highest standards.

Therefore, I release and hold harmless the City of Powell and their officers, agents, or assigns, for their refusal to make available any and all of the information contained in this pre-employment investigation, including, but not limited to, the identity(ies) of any persons and/or organizations which may have supplied information in the course of this investigation, as well as the substance of any information supplied. **I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.**

I hereby authorize any representative of the City of Powell, Wyoming bearing this release to obtain any information in your files pertaining to my employment records and I direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Powell, Wyoming whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. It is my specific intent to provide access to personnel information, however personal or confidential it may be.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I release you, as the custodian of such records of your organization, including its officers, employees, or related personnel, individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Powell, Wyoming regardless of any agreement previously to the contrary.

For and in consideration of the City of Powell, Wyoming's acceptance and processing of my application for employment, I agree to hold the City of Powell, Wyoming its agents and employees harmless from any and all claims liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Powell, Wyoming. I understand that if information of a serious criminal nature surface as a result of this investigation, it may be turned over to the proper authorities.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy of FAX copy does not contain an original writing of my signature. This waiver is valid for a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

A resume is not required, but if you choose to submit one, it will not be considered a confidential document and copies can be requested by the public as your resume will be considered public record pursuant to Wyoming Statutes.

\_\_\_\_\_  
**Signature in Full**

\_\_\_\_\_  
**Date completed**

\_\_\_\_\_  
**Printed Name**

**Subscribed and sworn before me this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20**\_\_\_\_\_.

\_\_\_\_\_  
**Notary Public**

Seal

My Commission Expires \_\_\_\_\_