



TOWN OF GUERNSEY
P.O. BOX 667
GUERNSEY, WYOMING 82214
(307) 836-2335

EMPLOYMENT APPLICATION

The Town of Guernsey does not discriminate on the basis of race, color, national origin, sex, age, or disability in admission or access to, or treatment or employment in its business or activities.

Full Name _____

Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Email Address _____

Are you at least 16 years old? _____

Do you have a driver's license? _____

Are you interested in Full Time? _____

Part Time? _____

Seasonal? _____

Position(s) Interested in

Date Available to Begin Work _____

In Case of Emergency Notify:

Name _____

Phone # _____

Personal References – Do Not List Relatives

Name _____

Phone# _____

Name _____

Phone # _____

Name _____

Phone # _____

List Machines and Equipment Experience

Education

High School/Address _____

Date Attended _____ to _____ Graduated? _____

College/Address _____

Date Attended _____ to _____ Graduated? _____

Technical School/Address _____

Date Attended _____ to _____ Graduated? _____

Other/Address _____

Date Attended _____ to _____ Graduated? _____

List Current Certifications That You Hold

Are you currently taking classes? _____ Type of Class(s) _____

Military Experience

Have you served in the Military? _____ If so What Branch _____

Discharge Date _____ General Duties _____

Previous Employment

Employer _____ Phone _____
Position Held _____ Date Hired _____ Ending Date _____
Supervisor's Name _____ Starting Salary _____
Reason _____ Ending Salary _____

Employer _____ Phone _____
Position Held _____ Date Hired _____ Ending Date _____
Supervisor's Name _____ Starting Salary _____
Reason _____ Ending Salary _____

Employer _____ Phone _____
Position Held _____ Date Hired _____ Ending Date _____
Supervisor's Name _____ Starting Salary _____
Reason _____ Ending Salary _____

Please provide any additional information you feel may be important or useful in helping us decide whether you should be hired:

Will you need any special accommodations to effectively participate in employment interviews or testing?
If so, please specify _____

I understand that if I qualify for a position with the Town of Guernsey or the Guernsey Police Department that I may be required to take a pre-employment drug and/or controlled substance test, medical examination and a psychological exam.

I further understand that if employed by the Town of Guernsey or the Guernsey Police Department my employment can be terminated by me or my employer at any time without notice for any reason or no reason at all. I also understand that no person employed by the Town of Guernsey or the Guernsey Police Department is authorized to make any promise or enter into any contract which states that I will be employed for any definite period of time, states that I cannot be discharged without notice or reason, or that my employment is anything other than at will.

Signature _____ Date _____

The Town of Guernsey is an EOE

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This application was received by the Town of Guernsey this _____ day of _____, 20____, and will be kept on file for one year. Received By _____.