



Campbell County Application for Announced Vacancy

An Equal Opportunity Employer

We do not discriminate based on race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for the signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preference or discrimination based upon non-job-related information.

Job Title \_\_\_\_\_ County Agency \_\_\_\_\_ Today's Date \_\_\_\_\_

Full-time Yes \_\_\_ No \_\_\_ Part-time Yes \_\_\_ No \_\_\_ Temporary Yes \_\_\_ No \_\_\_ When can you start? \_\_\_\_\_

Name \_\_\_\_\_
Last Name First Name Middle Name Daytime Phone #

Mailing Address \_\_\_\_\_
Street City State Zip

Other Names Used \_\_\_\_\_ Email Address \_\_\_\_\_

Are you 18 years or older? Yes \_\_\_ No \_\_\_
Are you 19 years or older for Detention Officer? Yes \_\_\_ No \_\_\_
Are you 21 years or older for Deputy Sheriff? Yes \_\_\_ No \_\_\_

If hired, can you furnish proof you are eligible to work in the U.S.? Yes \_\_\_ No \_\_\_

If you wish to claim veterans' preference (Wyoming State Statute 19-14-102), please attach the appropriate documentation (DD214 Form) to your application substantiating your claim.

Have you ever applied to Campbell County before? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

Have you been employed by Campbell County before? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

Have you ever been convicted of any law violation other than minor traffic violations? Yes \_\_\_ No \_\_\_
If yes, give details \_\_\_\_\_

Education

High School or Equivalent \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Did you graduate? Yes \_\_\_ No \_\_\_ If no, highest grade completed \_\_\_\_\_

College or University \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Credit Hours Earned \_\_\_\_\_ Degree Received (BA, MA, etc.) \_\_\_\_\_ Major Field \_\_\_\_\_ Minor Field \_\_\_\_\_

Vocational or Technical School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Did you graduate? Yes \_\_\_ No \_\_\_ Title/Description of Course \_\_\_\_\_

Special Skills

What skills, certifications or additional training do you have that relate to the position for which you are applying? \_\_\_\_\_

What machines or equipment are you able to operate that relate to the position for which you are applying? \_\_\_\_\_

For Driving Jobs Only: Do you have a valid driver's license? Yes \_\_\_ No \_\_\_ Driver's License Number: \_\_\_\_\_

Class \_\_\_\_\_ State \_\_\_\_\_ Have you had your driver's license suspended or revoked in the last 3 years? Yes \_\_\_ No \_\_\_

If yes, give details \_\_\_\_\_

List professional, trade, business, or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) \_\_\_\_\_

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### Employment History

List names of employers for the last ten years starting with your current or most recent employer listed first. Account for all periods of time including military service, self-employment and any periods of unemployment.

Name of Employer \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Dates of Employment From \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Name of Employer \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Dates of Employment From \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Dates of Employment From \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Name of Employer \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Dates of Employment From \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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List Three References (not relatives)

Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

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### PLEASE READ EACH STATEMENT 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 later. 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 that if I am extended an offer of employment it may be conditional upon my successfully passing any pre-required pre-employment testing. 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 hereby consent to a pre-and/or post-employment drug screen as a condition of employment if required. **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. ONLY THE BOARD OF COMMISSIONERS HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE CHAIRMAN AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.** I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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