

Weston County Road & Bridge

23 County Shop Road

Newcastle, WY 82701

307-746-2642

APPLICATION FOR EMPLOYMENT _____

PERSONAL INFORMATION

Date _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

Telephone () _____

EMPLOYMENT DESIRED

Position(s) applied for _____

Employment desired ☐ FULL-TIME ONLY ☐ PART-TIME ONLY

When are you available to start work? _____

LICENSE INFORMATION

STATE	LICENSE #	TYPE/CLASS	ENDORSEMENTS	EXPIRATION DATE

WORK EXPERIENCE

Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer Address City, State, Zip Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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Address
City, State, Zip
Phone number

Name of last
supervisor

Employment
dates

Pay or salary

From
To

Start
Final

Your last job title

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Are you currently employed?

☐ Yes

☐ No

May we contact your present employer?

☐ Yes

☐ No

Have you ever been convicted of a felony?

☐ Yes

☐ No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

Have you ever been denied a license, permit, or privilege to operate a motor vehicle?		
		☐ Yes ☐ No
If yes, explain		
Has any license, permit, or privilege ever been suspended or revoked?		
		☐ Yes ☐ No
If yes, explain		
REFERENCES		
Please list below three persons not related to you who have knowledge of your work performance and/or personal qualifications within the last 5 years.		
Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted
Name		Occupation
Company name	Address	
Telephone	E-mail	Years acquainted

TO BE READ AND SIGNED BY APPLICANT – PLEASE READ CAREFULLY

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and

compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature_____

Date_____