

# APPLICATION FOR EMPLOYMENT



**Return Application to:**  
436 East 22<sup>nd</sup> Avenue  
Torrington, WY 82240  
Fax: 307-532-2010

## FOR OFFICE USE ONLY:

Received By: \_\_\_\_\_  
Date: \_\_\_\_\_  
Scanned  Saved  Emailed

*An Equal Opportunity Employer and Provider*

**Pre-employment drug screening is conducted for all positions within the City of Torrington.**  
For further information visit [www.torringtonwy.gov/281/employment](http://www.torringtonwy.gov/281/employment) or call 307-532-5666 ext. 3009

**Position applied for:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Have you been employed by the City before?** Yes  No  **If yes, when?** \_\_\_\_\_

**Do any of your relatives work for the City?** Yes  No  **If yes, who?:** \_\_\_\_\_

### Personal Information:

**Name:** \_\_\_\_\_  
Last First Middle

**Other Names Used:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
City State Zip Code

**Phone Number:** \_\_\_\_\_ **Alternate Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Referral Source:** \_\_\_\_\_

**Are you over the age of 18?** Yes  No  **Date available for work:** \_\_\_\_\_

**Are you legally eligible to be employed in the United States?** Yes  No

**Do you have a valid driver's license?** Yes  No  \_\_\_\_\_  
License # State Issued Expiration Date

**In the last five years, have you held a driver's license in any other state?** Yes  No

**If yes:** \_\_\_\_\_  
License # State Issued License # State Issued

**Do you have a CDL?** Yes  No  **Class** \_\_\_\_\_

### Professional References:

List three (non-related) persons who can objectively assess your professional or scholastic performance.

	Name	Phone Number
1.	_____	_____
2.	_____	_____
3.	_____	_____

### Educational Background:

	City, State	Subject Studied	Degree Received
GED/High School:	_____	_____	H.S. Diploma <input type="checkbox"/> or GED <input type="checkbox"/>
College/Trade:	_____	_____	
College/Trade:	_____	_____	

**Employment History**

List your employment history starting with the most recent employer. Explain any gaps in employment below\*\*.

**Name and Address of Employer:** \_\_\_\_\_  
**May we contact? Yes**  **No**  **If yes, phone number:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_ **Supervisor Name:** \_\_\_\_\_  
**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_  
**Duties:** \_\_\_\_\_

**Name and Address of Employer:** \_\_\_\_\_  
**May we contact? Yes**  **No**  **If yes, phone number:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_ **Supervisor Name:** \_\_\_\_\_  
**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_  
**Duties:** \_\_\_\_\_

**Name and Address of Employer:** \_\_\_\_\_  
**May we contact? Yes**  **No**  **If yes, phone number:** \_\_\_\_\_  
**Job Title:** \_\_\_\_\_ **Supervisor Name:** \_\_\_\_\_  
**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ **Reason for Leaving:** \_\_\_\_\_  
**Duties:** \_\_\_\_\_

**\*\*Explain Gaps in Employment:** \_\_\_\_\_  
\_\_\_\_\_

**Do you have any special skills, experience, and/or training that would enhance your ability to perform the position applied for? If yes, explain:** \_\_\_\_\_  
\_\_\_\_\_

**Is there anything else you would like to share with the employer?:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please read each statement carefully 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 and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a pre-employment drug screening; I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that this application or subsequent employment does not create a contract of employment, nor guarantee employment for any definite period of time. I understand that if employed, I will be hired at the will of the employer and be required to complete a one-year probationary period; my employment may be terminated at any time, for any reason or no reason, with or without notice.

I have read, understand, and by my signature consent to these statements.

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