



# APPLICATION FOR EMPLOYMENT

City of Sundance  
 213 East Main Street  
 Sundance, WY 82729  
 Telephone: (307) 283-3451  
 Fax: (307) 283-3452

Please print (black or blue ink) or type.

THE CITY OF SUNDANCE IS AN EQUAL OPPORTUNITY EMPLOYER.

Date of Application		Position(s) Applied For	
Last Name		First Name	Middle Initial
Street Address			
City, State, Zip Code			
Telephone Number (home or cell) (     )     -     -		Driver's License No. / State which Issued License _____ / _____	
Email Address		Expiration Date _____	

Type of Employment Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (indicate days of week and approx. # of hours per week: _____ ) (Check all that apply) <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal			
Can you perform the essential functions of the job for which you are applying?	Yes	No	Date Available for Work

Have you ever been employed here before? If yes, list position(s) held and dates of previous employment.	Yes	No
Are you legally authorized to work in the U.S.? Proof of legal authorization to work in the U.S. will be required upon employment.	Yes	No
Have you been convicted of a felony in the last seven years? Such conviction may be relevant if job-related, but does not automatically bar you from employment. If yes, please explain.	Yes	No
Are you under 18 years of Age?  If applying for Police Officer position, it is mandatory to state your date of birth _____ Are you currently certified to be a Law Enforcement Officer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what state are you certified in? _____	Yes	No

The information provided on the following pages will be used to determine your qualifications for this position. Be as thorough as possible in describing your education and work experience. **Vague or incomplete answers may not be interpreted in your favor.** If you need more space, please attach additional sheets.

## EMPLOYMENT HISTORY

(Begin with the most recent)

<b>Are you currently employed?</b>	<b>Yes</b>	<b>No</b>	<b>If yes, may we contact your present employer?</b>	<b>Yes</b>	<b>No</b>
<b>If not currently employed, please skip to "Previous Employer" (section below).</b>					

<b>Current Employer Name</b>		<b>Dates of Employment (month/day/year)</b>	
		<b>From</b>	<b>To</b>
<b>Address of Current Employer (Street, City, State, Zip Code)</b>		<b>Telephone Number of Current Employer</b>	
		(            )	-
<b>Type of Business</b>	<b>Your Position Title</b>	<b>Why are You Considering Leaving?</b>	
<b>Immediate Supervisor's Name</b>	<b>Immediate Supervisor's Title</b>	<b>Beginning Salary</b>	<b>Current Salary</b>
<b>Number of Employees you supervised</b>	<b>Average hours worked per week</b> <u>  </u> 1-10 <u>  </u> 11-20 <u>  </u> 21-30 <u>  </u> 31+		
<b>Description of Position Duties</b>			

<b>Previous Employer Name</b>		<b>Dates of Employment (month/day/year)</b>	
		<b>From</b>	<b>To</b>
<b>Address of Previous Employer (Street, City, State, Zip Code)</b>		<b>Telephone Number of Previous Employer</b>	
		(            )	-
<b>Type of Business</b>	<b>Your Position Title</b>	<b>Reason for Leaving</b>	
<b>Immediate Supervisor's Name</b>	<b>Immediate Supervisor's Title</b>	<b>Beginning Salary</b>	<b>Ending Salary</b>
<b>Number of Employees you supervised</b>	<b>Average hours worked per week</b>		
	<u>  </u> 1-10 <u>  </u> 11-20 <u>  </u> 21-30 <u>  </u> 31+		
<b>Description of Position Duties</b>			

<b>Previous Employer Name</b>		<b>Dates of Employment (month/day/year)</b>	
		<b>From</b>	<b>To</b>
<b>Address of Previous Employer (Street, City, State, Zip Code)</b>		<b>Telephone Number of Previous Employer</b>	
		(            )	-
<b>Type of Business</b>	<b>Your Position Title</b>	<b>Reason for Leaving</b>	
<b>Immediate Supervisor's Name</b>	<b>Immediate Supervisor's Title</b>	<b>Beginning Salary</b>	<b>Ending Salary</b>
<b>Number of Employees you supervised</b>	<b>Average hours worked per week</b>		
	<u>  </u> 1-10 <u>  </u> 11-20 <u>  </u> 21-30 <u>  </u> 31+		
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		From	To
Address of Previous Employer (Street, City, State, Zip Code)		Telephone Number of Previous Employer ( ) -	
Type of Business	Your Position Title	Reason for Leaving	
Immediate Supervisor's Name	Immediate Supervisor's Title	Beginning Salary	Ending Salary
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Immediate Supervisor's Name	Immediate Supervisor's Title	Beginning Salary	Ending Salary
Number of Employees you supervised	Average hours worked per week <input type="checkbox"/> 1-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21-30 <input type="checkbox"/> 31+		
Description of Position Duties			

## EDUCATION AND TRAINING

Do you possess a high school diploma or GED?  Yes  No

Circle last year of education completed. For high school diploma or GED circle "12."

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 plus.

List formal education beginning with the most recent. Include high school, college, vocational or business school, apprenticeship, military training, etc.

Name of School	
Address of School	
Type of credit (semester, quarter, CEU's, etc.)	Total credit hours
Major(s) or course	Minor(s)
Did you graduate?	Type of Degree

Name of School	
Address of School	
Type of credit (semester, quarter, CEU's, etc.)	Total credit hours
Major(s) or course	Minor(s)
Did you graduate?	Type of Degree

<b>Name of School</b>	
<b>Address of School</b>	
Type of credit (semester, quarter, CEU's, etc.)	Total credit hours
Major(s) or course	Minor(s)
Did you graduate?	Type of Degree

Use this space to identify any other educational experiences you have had which are pertinent to this position. Include workshops, seminars, military or vocational training etc. which are not listed above. Indicate time involved (hours per week, number of weeks, number of credits, etc.) Also list any motorized equipment you can operate.

Summarize special skills and qualifications, professional licenses or certifications that may qualify you for the position for which you are applying.
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### REFERENCES

Name	Telephone Number	Years Known

I hereby certify that this application is complete to the best of my knowledge for the periods of employment listed and all information given is true and contains no misrepresentation. I am aware that all statements submitted on this application are subject to investigation and verification. I understand that any withholding of information, misrepresentation or falsification of statements on this application or on City medical forms could result in rejection for employment, or if employed, termination from the City at that time.

I also understand that nothing in this application or in granting of an interview is intended to create an employment contract. I have received no promise regarding employment and I understand that no such promise or guarantee is binding on the City of Sundance. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Sundance has a similar right.

#### AUTHORIZATION FOR RELEASE OF INFORMATION

As a part of the City of Sundance employment process, we may be checking your background relative to job and personal references, criminal record, and social services record. In order to do that, we must have your authorization.

The undersigned hereby authorizes any state department of social services, any police department, and the Sundance Human Resource Department to obtain and/or release any and all information regarding the social services, work, credit, DOT mandated drug/alcohol testing, if applicable, or criminal history of the undersigned applicant for consideration for employment by the City of Sundance.

Sign Here in ink \_\_\_\_\_ Date \_\_\_\_\_  
**Unsigned applications will be disqualified.** All Applications Are Kept On File For One Year.

**Drug Testing:** The City of Sundance complies with the Drug-Free Workplace Act and the DOT Drug and Alcohol Regulations. As a condition for employment, the City requires post-offer pre-employment drug testing.

**American with Disabilities Act:** The City of Sundance fully subscribes to the provisions of the Americans with Disabilities Act and will attempt in its employment process to make any reasonable accommodations necessary to assist qualified persons with disabilities.

The City of Sundance, in accordance with state and federal laws, does not discriminate on the basis of age, race, color, ancestry, national origin, creed, religion, sex, marital status, disability or political affiliation.