APPLICATION FOR EMPLOYMENT TOWN OF MARBLETON, WYOMING

POSITION DESIRED: _____ DATE:____

PLEASE READ BEFORE COMPLETING APPLICATION
The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex, or national origin. The Age Discrimination Employment Act prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. No question on the application is intended to secure information to be used for such discrimination.
APPLICATION STATEMENT: I understand that this application will be given every consideration but receipt of this application does not imply that the applicant will be employed. I give my permission for the Town of Marbleton to contact any of the former employers or references shown to verify the information I have given and to release all of my employment, including assessments of job performance, ability, and fitness. I understand that the Town of Marbleton may require a Motor Vehicle Record (MVR) report and Worker's Compensation accident claim history. I understand the Town of Marbleton reserves the right to require medical examination including but not limited to any drug screening test and polygraph (lie detector) examination of an applicant or an employee either prior to employment or anytime during employment. I hereby state that the information given by me in this application is true in all respects, and agree that if I am employed and the information is found to be false in any respect that I may be dismissed.
SIGNATURE OF APPLICANT
PRINTED NAME OF APPLICANT

TOWN OF MARBLETON

10700 HWY 189 MARBLETON WY 83113 marbletontown@hotmail.com 307-276-3815 fax 307-276-3950

Employment Application

Applicant Information									
Full Name:				DOB:					
Address:	Last	First	M.I.						
	Mailing Address		Ара	artment/Unit #					
	City		Sta	te	ZIP Code				
Phone: (_)	E-mail Address:							
Date Availab	le: Social Sec	curity No.:	Desired S	Salary: \$					
Position App	lied for:	YES NO							
Are you a cit	izen of the United States?	authorized to w	ork in the U	J.S.?	S NO				
Have you ever worked for this company? YES NO If yes, when?									
Have you ev	er been convicted of a felony?	YES NO							
If yes, explai	n:								
		Education							
High School:		Address:							
From:		YES NO							
		References							
Please list ti	hree professional references.								
Full Name:		Relationship:							
Company:		·	Phone:						
Address:			1 110110.	\/					
Addic33									
Full Name:		Relationship:							
Company:			Phone:	()					
Address: _									
Full Name:		Relationship:							
Company:			Phone:	()					
Address: _				\					
Address		Previous Employment							
Company:			Phone:	()					
Address:			Supervisor:						

Job Title:		Starting Salary:	\$	Ending Salary: \$	
Responsibilities:					
From:	To:	Reason for Leaving:			
May we contact y	our previous supervi	sor for a reference?		NO	
Company:				Phone: ()	
Address:				Supervisor:	
Job Title:		Starting Salary:	\$	Ending Salary: \$	
Responsibilities:					
From:	То:	Reason for Leaving:			
May we contact y	our previous supervi	sor for a reference?		NO	
		Signature of Pa	ron		
		Oignature of Fa			
SIGNATURE					
		st 2 including phone or cell			
		Disclaimer and Sig	ana	atura	
		Discialifier and Sig	gna	nuie	
I certify that my	answers are true an	d complete to the best of my l	knov	owledge.	
If this application may result in my		ent, I understand that false or I	misl	sleading information in my application or interv	view .
<u>Do you have ar</u>	ny medical condition	ons that the Town of Marblet	ton	ı should be made aware of	
-	-				
No					
Signature:				Date:	