



CITY OF SHERIDAN, WYOMING

HUMAN RESOURCES DEPARTMENT

Office Use Only
Received: _____

(Please use this address for mailing)
55 Grinnell Plaza, P.O. Box 848
Sheridan, WY 82801

Phone: (307) 674-6483
Fax: (307) 675-4270
Email: hdoke@sheridanwy.net

APPLICATION FOR EMPLOYMENT

You may attach a resume that will become part of this application.

<u>GENERAL INFORMATION</u>	Date _____ 20____
Position Desired: _____	
Name: _____	
(Last)	(First) (Middle)
Address: _____	
(Street)	(City) (State) (Zip)
Phone #: _____	Cell #: _____
Email Address: _____	

<u>EDUCATION & TRAINING</u>						
Select the highest grade completed: 7 8 9 10 11 12 or GED				College: 1 2 3 4 5 6		
Name and Location of last Elementary or High School Attended: _____						
Name & Location of College, and/or Vocational Schools Attended	Dates Attended		Course of Study	Graduate?		Degree or Certificate
	From	To		Yes	No	
List any apprenticeships, internships, trade schools and/or military schools, completed or not:						
Name of School or Apprenticeship	Dates Attended		Employee and Address	Graduate?		Type of Training
	From	To		Yes	No	
Please list any additional training, scholastic honors, or noteworthy achievements: _____						

SKILLS AND CERTIFICATIONS

List all equipment/machines you can operate and the years of experience you have had with each.

Equipment / Machine	Years of Experience

Typing	_____ (WPM)	Computer	_____ (Years)
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Other Skills:	Years

Licenses or Certifications Held:	Expiration (if applicable)

EMPLOYMENT DATA

List all experience starting with present or most recent employer first.

Most Recent or Present Employer

Name of Employer		From		To	
Address					
Phone Number		Your Title			
Salary/Monthly or Hourly	Beginning		Ending		
Describe in detail your duties and responsibilities:					
Number and kind of employees you supervised if applicable: _____					
Your Supervisor		May We Contact	Yes	<input type="checkbox"/>	No
Reason for Leaving					

Next Previous Employer

Name of Employer		From		To	
Address					
Phone Number		Your Title			
Salary/Monthly or Hourly	Beginning		Ending		
Describe in detail your duties and responsibilities:					

Number and kind of employees you supervised if applicable:						
Your Supervisor		May We Contact	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Reason for Leaving						

<i>Next Previous Employer</i>						
Name of Employer		From		To		
Address						
Phone Number		Your Title				
Salary/Monthly or Hourly	Beginning		Ending			
Describe in detail your duties and responsibilities:						
Number and kind of employees you supervised if applicable:						
Your Supervisor		May We Contact	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Reason for Leaving						

<i>Next Previous Employer</i>						
Name of Employer		From		To		
Address						
Phone Number		Your Title				
Salary/Monthly or Hourly	Beginning		Ending			
Describe in detail your duties and responsibilities:						
Number and kind of employees you supervised if applicable:						
Your Supervisor		May We Contact	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Reason for Leaving						

<i>Next Previous Employer</i>						
Name of Employer		From		To		
Address						
Phone Number		Your Title				
Salary/Monthly or Hourly	Beginning		Ending			
Describe in detail your duties and responsibilities:						
Number and kind of employees you supervised if applicable:						
Your Supervisor		May We Contact	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Reason for Leaving						

<u>Next Previous Employer</u>					
Name of Employer		From		To	
Address					
Phone Number		Your Title			
Salary/Monthly or Hourly	Beginning		Ending		
Describe in detail your duties and responsibilities:					
Number and kind of employees you supervised					
Your Supervisor		May We Contact	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Reason for Leaving					

<u>REFERENCES</u>					
List those that know of your abilities. Please list at least two professional/work references.					
Name	Occupation	Relationship	City	State	Phone
Do you have relatives who work for the City of Sheridan? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, whom: _____					

<u>AFFIDAVIT, CONSENT AND RELEASE</u>	
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 for employment 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. 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 I will be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.	
I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medication information as it may be deemed necessary to judge my capability to do the work for which I am applying.	
I promise, as a condition of employment, that within three days of starting work I will submit to the HR Department verification of my U.S. employment eligibility, as required by law, on INS Form I-9, or its successor form.	
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. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.	
_____ Signature	_____ Date

CITY OF SHERIDAN, WYOMING

AUTHORIZATION TO INVESTIGATE JOB APPLICANT

INFORMATION WAIVER

I authorize the City of Sheridan to make whatever inquiries it may deem necessary in connection with my application for employment. As part of such inquiries, the City of Sheridan has my permission to contact persons who may have information relating to my suitability for employment.

I authorize and instruct any person or agency contacted by the City of Sheridan or the Sheridan Police Department to participate or conduct inquiries at its request, to compile information, and to furnish the City of Sheridan with any information obtained as a result of such inquiries.

I further authorize the City of Sheridan, in its sole discretion, to furnish copies of this Authorization and my application to any person(s) in connection with the above purposes.

Full Name: _____ Social Security Number: _____
(Please print)

Address: _____
(Street) (City) (State) (Zip)

DISCLOSURE STATEMENT

Information contained in reports obtained by the Sheridan Police Department in accordance with the above authorization may include information pertaining to your character, general reputation, police record, personal characteristics, and mode of living. You have the right to request that the Sheridan Police Department completely and accurately disclose to you the nature and scope of all investigations requested. Such a request must be made in writing to the Human Resources Department within a reasonable period of time after your application for employment is received.

(Signature)

(Date)

(Parent/Guardian Signature if under 18 years of age)

(Date)

REFERRAL SOURCE

(PLEASE PRINT)

Date _____ 20____

Position(s) Applied for: _____

Referral Source:

- Newspaper**
____ Sheridan Press
____ Casper Starr-Tribune
____ Rapid City Journal
____ Billings Gazette
____ Other _____

- Website**
____ City of Sheridan
____ Wyoming At Work
____ Wyoming Workforce Services
____ Chamber of Commerce
____ Other _____

- Employment Agency:**
Agency Name _____

- Other Advertisement:**
Name/Location: _____

Friend

Relative

Walk-In

City Employee

Facebook

Please detach and keep for your records.

APPLICANT INFORMATION FORM

NOTICE: IF EXTENDED A CONDITIONAL OFFER OF EMPLOYMENT, APPLICANTS WILL BE REQUIRED TO PRESENT THE PROPER DOCUMENTS BEFORE EMPLOYMENT. APPLICANTS WHO DO NOT PRESENT THE PROPER DOCUMENTS CANNOT BE HIRED.

As a condition of employment with the City of Sheridan, successful applicants will be asked to present one selection from List A or a combination of one selection from List B and one selection from List C before being hired:

<u>List A</u> Documents that Establish Both Identity and Employment Authorization	<u>List B</u> Documents that Establish Identity	<u>List C</u> Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		
4. Employment Authorization Document that contains a photograph (Form I-766)		
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	5. Native American tribal document
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	6. U.S. Citizen ID Card (Form I-197)
	10. School record or report card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	11. Clinic, doctor, or hospital record	
	6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association between the United States and the FSM or RMI	12. Day-care or nursery school record

This information is a representation of the information presented in the Form I-9 for employment.