BASIN RECREATION DISTRICT

P.O. Box 599 Basin, WY 82410

(307)568-3331

APPLICATION FOR SEASONAL EMPLOYMENT

EASE TYPE OR PRINT USING BLACK	INK		Date:		2
Positions desired:					
1					
2					
ame:					
(Last)			irst)	(Mi	ddle)
Address: Street			City State	Zip Code	
()					
Telephone Number					
UCATION AND TRAINING DATA					
ircle highest grade completed: 7	8 9 10 1	.1 12 or	GED College:	123456	
ame and Location of Last Elementa			-		
					Degree or
Name & Location of College, and/or Vocational Schools Attended	Dates At From:	ttended To:	Course of Study	Graduate?	Certificate
		101			

List any apprenticeships, internships, trade schools, and military schools, completed or not:

	Dates Attended		Employer & Address	Type of	Graduate?	
Name of School or Apprenticeship	From:	To:	Employer & Address	Training	Graduate:	

Please list any additional training, and/or scholasItic honors: _____

erience	you have had with that piece of equipment:
ner Skill	:
enses o	Certificates Held:
MILIT	ARY DATA
	Are you a Veteran of The Armed Forces of the United States?YesNo If so, please attach a copy of your form DD 214
	Military Service: FromToTo
EMPLO	MENT DATA LIST ALL EMPLOYMENT EXPERIENCE STARTING WITH PRESENT OR MOST RECENT EMPLOYER FIRST.
Most r	ecent or present Employer:
	Name of Employer:To/From/To/
	Address:
	Telephone Number:
	Your Title:
	Salary (Monthly or Hourly)
	Describe in detail your duties and responsibilities:
	Number and kind of employees you supervised:
	Your Supervisor: May we contact?YesNo
	Reason for Leaving:

Name of Employer:	From / To /
Address:	
Telephone Number:	
Your Title:	
Salary (Monthly or Hourly)	Ending
Describe in detail your duties and responsibilities:	
Number and kind of employees you supervised:	
Your Supervisor:	_ May we contact?YesNo
Reason for Leaving:	
Next Previous Employer:	
Next Previous Employer: Name of Employer:	From/ To/
Name of Employer:	
Name of Employer:	
Name of Employer: Address: Telephone Number:	
Name of Employer:	 Ending
Name of Employer:	 Ending
Name of Employer: Address: Telephone Number: Your Title: Your Title: Salary (Monthly or Hourly) Beginning Describe in detail your duties and responsibilities:	 Ending
Name of Employer: Address: Telephone Number: Your Title: Your Title: Salary (Monthly or Hourly) Beginning Describe in detail your duties and responsibilities:	 Ending

REFERENCES

		List those that know of your a	bilities.				
1							
	Name	Occupation	Address	City	State	Pho	ne
2							
	Name	Occupation	Address	City	State	Phone	
3							
	Name	Occupation	Address	City	State	Phone	
			- 1:			YES	NO
		1. Do you have a valid driver		Doorootion Distri	-+-)		
		 Do you have any relatives v If so, who? 			CLY		

The facts made in my application are to the best of my knowledge, true and complete. I understand that any false statements or misrepresentations given by me on this application are sufficient cause for dismissal. As this is a seasonal job, I understand that acceptance of this application for employment by the Basin Recreation District does not constitute a contractual oblication for employment now or at any future date.

Signature

Date

THE BASIN RECREATION DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER

INTERVIEWED BY: _____ DATE: _____

COMMENTS: