

TOWN OF BASIN

P.O. Box 599
Basin, WY 82410
(307)568-3331

EMPLOYMENT APPLICATION

PLEASE TYPE OR PRINT USING BLACK INK

Date: _____ 20____

Positions desired:

1. _____
2. _____

Name: _____
(Last) (First) (Middle)

_____ Address: Street City State Zip Code

() _____
Telephone Number

EDUCATION AND TRAINING DATA

Circle 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:			

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

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

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

List all equipment/machines that you can operate. After each piece of equipment, list the number of years experience you have had with that piece of equipment:

Other Skills: _____

Licenses or Certificates Held: _____

MILITARY DATA

Are you a Veteran of The Armed Forces of the United States? Yes No

If so, please attach a copy of your form DD 214

Military Service: From _____ To _____

EMPLOYMENT DATA

LIST ALL EMPLOYMENT EXPERIENCE STARTING WITH PRESENT OR MOST RECENT EMPLOYER FIRST.

Most recent or present Employer:

Name of Employer: _____ From ___/___ To ___/___

Address: _____

Telephone 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 No

Reason for Leaving: _____

Next Previous Employer:

Name of Employer: _____ From ___/___/___ To ___/___/___

Address: _____

Telephone 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 ___No

Reason for Leaving: _____

Next Previous Employer:

Name of Employer: _____ From ___/___/___ To ___/___/___

Address: _____

Telephone 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 ___No

Reason for Leaving: _____

REFERENCES

List those that know of your abilities.

1. _____
Name Occupation Address City State Phone

2. _____
Name Occupation Address City State Phone

3. _____
Name Occupation Address City State Phone

1. Do you have a valid driver's license? YES NO

2. Do you have any relatives who work for the Town of Basin? YES NO

If so, who? _____

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.

Signature Date

THE TOWN OF BASIN IS AN EQUAL OPPORTUNITY EMPLOYER

INTERVIEWED BY: _____ DATE: _____

COMMENTS: