

# CITY OF GREEN RIVER

## Application for Employment – General Employee

ATTN: Human Resources  
50 E 2<sup>nd</sup> N Street  
Green River, WY 82935

**DATE OF APPLICATION:** \_\_\_\_\_

Thank you for considering the City of Green River in your job search. The City of Green River is an equal employment opportunity employer and does not discriminate on the basis of sex, age, race, color, creed, religion, national origin, mental or physical disability, marital status or uniformed services status. No application will be rejected as a result of a disability that, with reasonable accommodation, does not prevent performance of the essential job duties.

### CONFIDENTIAL

Please complete by printing in blue or black ink, answering all questions, and signing your initials and name on the last page where indicated. Do not substitute a resume for ANY section of this application.

#### PERSONAL INFORMATION

LAST NAME	FIRST NAME, MIDDLE INITIAL	DRIVERS LICENSE #/STATE
STREET ADDRESS	CITY AND STATE	ZIP CODE
CONTACT TELEPHONE NUMBER	WHO REFERRED YOU TO THE CITY OF GREEN RIVER?	DATE YOU CAN BEGIN
E-MAIL ADDRESS	POSITION(S) APPLIED FOR	SALARY DESIRED

LEVEL AND TYPE OF EDUCATION	SCHOOL OR INSTITUTION NAME	CITY AND STATE	LAST YEAR COMPLETED (Check One)	DID YOU GRADUATE?
HIGH SCHOOL			__9 __10 __11__12 ___ GED	__ YES __ NO
COLLEGE OR UNIVERSITY				DEGREE: _____
OTHER SCHOOLS				Certificate or License/Date Issued

#### SPECIAL SKILLS

Software Applications and/or Other Skills:

**EMPLOYMENT RECORD**

Please list **your most recent jobs first**. Include military service as part of your employment record. If you have a resume, please attach it to this form.

<b>1. Employer</b>	Address, City, State, Zip Code
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
Starting Salary	From: _____ To: _____
Ending Salary	
Reason for Leaving	Essential Job Duties

<b>2. Employer</b>	Address, City, State, Zip Code
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
Starting Salary	From: _____ To: _____
Ending Salary	
Reason for Leaving	Essential Job Duties

<b>3. Employer</b>	Address, City, State, Zip Code
Telephone Number	Supervisor's Name
Job Title	Dates of Employment (month and year)
Starting Salary	From: _____ To: _____
Ending Salary	
Reason for Leaving	Essential Job Duties

**GENERAL INFORMATION (Please answer all questions)**

May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the legal right to work in the United States? (If hired, you will be required to provide identification to prove eligibility for employment)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously worked for City of Green River? If yes, please list dates and previous position (s) held: Date(s) _____ Position Held _____ Date(s) _____ Position Held _____ Date(s) _____ Position Held _____ Date(s) _____ Position Held _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously applied for a position with the City of Green River? If yes, please list dates and position applied for: Date(s) _____ Position Applied For _____ Date(s) _____ Position Applied For: _____ Date(s) _____ Position Applied For _____ Date(s) _____ Position Applied For _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives currently employed by the City of Green River?  If yes, name(s)/relationship _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony and/or misdemeanor, pled guilty or no contest, or forfeited bond or bail for any crime other than traffic violations? If yes, please explain:  (Conviction of a crime is not an automatic bar to employment. Factors such as the nature and gravity of the crime, the length of time that has passed since the conviction and/or completion of any sentence, and the nature of the job for which you have applied will be considered.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the primary duties of the job as outlined in the newspaper advertisement, announcement, posting, job line, job description, with or without reasonable accommodation? If no, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any employment restrictions resulting from a non-compete or confidentiality agreement? If yes, please explain:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**ADDITIONAL INFORMATION:**

Please use the space provided to list any additional employers, periods of time not worked, or any other information that you believe we should know in considering your application for employment.

**Please list three (3) professional references:**

Name \_\_\_\_\_

Company/Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**References cont'd**

Name \_\_\_\_\_

Company/Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Company/Title \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**Please read carefully, initial each paragraph and sign below:**

I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire. \_\_\_\_\_

I authorize the City of Green River to thoroughly investigate my references, work record, education and other matters related to my suitability for employment, (e.g., motor vehicle operator records, criminal records, school records, licensure records, etc.) and further authorize the references I have listed to disclose to the company any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I release the City of Green River, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. \_\_\_\_\_

I authorize the City of Green River to investigate whether I have a criminal record of convictions, and, if so, the nature of such convictions and all the surrounding circumstances of the conviction. The City of Green River has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment. \_\_\_\_\_

\_\_\_\_\_  
"(Initial)

If hired, I recognize the rules and policies of the City of Green River. Although the City of Green River recognizes that Wyoming is an "at-will" state, the City of Green River will not terminate employees without cause. Employees who are terminated for cause will be notified of the reason for cause of termination. \_\_\_\_\_

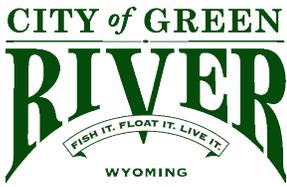
\_\_\_\_\_  
"(Initial)

I understand and acknowledge that I may be required to submit to a physical examination, including drug and alcohol testing. Additionally, I hereby authorize the release of the results of such an examination to the City of Green River for their use in evaluating my suitability for employment. Further, I release the examining facility and the City of Green River from any and all liability, and from any damage that may result from the release of such information. \_\_\_\_\_

\_\_\_\_\_  
"(Initial)

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



**APPLICANT EEO DATA FORM**

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Gender:        ( ) Male        ( ) Female                      U.S. Citizen:    ( ) Yes        ( ) No

**Race/Ethnicity:** (With which of the following categories do you most identify?)

\_\_\_\_\_ **Hispanic or Latino** Mexican, Puerto Rican, Cuban, Central/South American or other Spanish culture or origin regardless of race

\_\_\_\_\_ **White** (not Hispanic or Latino) Origins in any of the original peoples of Europe, North Africa, or the Middle East

\_\_\_\_\_ **Black or African American** (not Hispanic or Latino) Origins in any of the Black racial groups of Africa

\_\_\_\_\_ **Native Hawaiian or Other Pacific Islander** (not Hispanic or Latino) Origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

\_\_\_\_\_ **Asian** (not Hispanic or Latino) Origins in any of the original peoples of the Far East, Southeast Asia, Indian subcontinent or the Pacific Islands; e.g. China, Japan, Korea, Philippine Islands

\_\_\_\_\_ **American Indian or Alaska Native** (not Hispanic or Latino) Origins in any of the original indigenous peoples of North or South America and who maintains cultural identification through tribal affiliation/recognition

\_\_\_\_\_ **Two or more races** (not Hispanic or Latino)

\_\_\_\_\_ **I do not wish to self-identify**

**Armed Forces Veteran:**    ( ) No        ( ) Yes – please check applicable status

( ) **Disabled veteran:** A veteran who is entitled to compensation under laws administered by the Dept of Veteran's Affairs for a disability rated at 30% or more, or rated 10% or 20% and determined to have a serious employment handicap, or a person who was discharged or released from active duty because of a service-related disability

( ) **Armed Forces service medal veteran:** A veteran who served on active duty and participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985

( ) **Other protected veterans:** A veteran who served on active duty in the US military during a war or in a campaign or expedition for which a campaign badge is awarded

( ) **Recently separated veterans:** A veteran within 36 months from discharge or release from active duty

How did you hear about this position? \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_