



Town of Jackson Employment Application

P.O. Box 1687
150 East Pearl
Jackson, WY 83001
www.townofjackson.com

Personnel Department
(307) 733-3932

3/25/2016

INSTRUCTIONS: Please complete this application by answering each and every question. You may attach a resume, but information provided on the resume should not be substituted for completion of the application. We ask that you refrain from using the terms 'see resume' on this application and instead provide the information on the application. Use blank paper if you do not have enough room on this application. An email address is required and applicants will be contacted via email.

EQUAL OPPORTUNITY EMPLOYER: It is our policy to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, sexual orientation, gender identity, marital status, or disability, except where a reasonable, bona fide occupational qualification exists. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.
*** Indicates Required Information**

Position Applied For	Type of Employment Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Variable Hour / Seasonal <input type="checkbox"/>
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Name of Applicant (please indicate how you wish to be addressed)

Last Name	First Name	Middle Initial
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Date of Application	When could you start?
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E-Mail Address (required) - All correspondence will be via email

Physical Address (No., Street, City, State, Zip Code)

Mailing Address

Social Security Number (Optional)(Required after hire)

Telephone (Mobile/Cell)	Telephone (Home)	Telephone (Work)
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Do you have military experience in the Armed Forces of the United States?
If so, what branch? YES NO

Are you legally authorized at the time of hire to work in the United States? YES NO

For jobs involving driving, do you have a valid driver's license? YES NO

Driver's License Class: _____ Driver's License Number: _____

Annual Salary Expected or Hourly Salary Expected: _____

Education

High School attended and location	Highest grade successfully completed		
College or University attended and location	No. of years completed	Year graduated	Degrees or # of Credit Hours

Major subjects of specialization

College or University attended and location	No. of years completed	Year graduated	Degrees or # of Credit Hours

Major subjects of specialization

Other Educational Training/Courses. List any Licenses or Certifications held:

EMPLOYMENT HISTORY (List present or most recent positions first)

MAY WE ASK YOUR PRESENT EMPLOYER FOR A REFERENCE? YES NO

Note: A job offer may be contingent upon acceptable references from current & former employers.

1. Name of Current or Most Recent Employer	City	ST
Type of Business	Your Position	
Duties		

Name and Position of Immediate Supervisor		Supervisor E-Mail	Employer Phone
Date Employed (Day, Mo, Yr)	Date Left (Day, Mo, Yr)	Starting Salary	Final Salary
		<input type="checkbox"/> Annually <input type="checkbox"/> Hourly	<input type="checkbox"/> Annually <input type="checkbox"/> Hourly

Reason for leaving or seeking employment elsewhere

EMPLOYMENT HISTORY (continued)

2. Name of Employer		City	ST
Type of Business		Your Position	

Duties

Name and Position of Immediate Supervisor		Supervisor E-Mail		Employer Phone	
Date Employed (Day, Mo, Yr)	Date Left (Day, Mo, Yr)	Starting Salary	<input type="checkbox"/> Annually <input type="checkbox"/> Hourly	Final Salary	<input type="checkbox"/> Annually <input type="checkbox"/> Hourly

Reason for leaving or seeking employment elsewhere

3. Name of Employer		City	ST
Type of Business		Your Position	

Duties

Name and Position of Immediate Supervisor		Supervisor E-Mail		Employer Phone	
Date Employed (Day, Mo, Yr)	Date Left (Day, Mo, Yr)	Starting Salary	<input type="checkbox"/> Annually <input type="checkbox"/> Hourly	Final Salary	<input type="checkbox"/> Annually <input type="checkbox"/> Hourly

Reason for leaving or seeking employment elsewhere

SKILLS

Describe Experience by Type

Years of Experience

Data Entry

Software Applications (MS Office, GIS, other)

Truck/Heavy Equipment

Other

List any Training Courses Completed which may be helpful in considering your application

ADDITIONAL QUESTIONS

Have you applied with the Town of Jackson before?

YES NO

If so, when and for what position?

Were you ever employed with the Town of Jackson before?

YES NO

If so, when and in what capacity?

Whom do you know that works for the Town of Jackson?

How did you learn of this opening?

Are you fluent in a language other than English?

YES NO

Please note fluency in speaking, writing, and reading.

Special Talents

Are you over 18 years of age?

YES NO

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest."

YES NO

If yes, give details. A conviction will not necessarily disqualify an applicant for employment. (Exclude minor traffic violations)

REFERENCES (Please list at least 2 references and do not list relatives or former employers)

Name	Occupation	Phone Number and E-Mail Address

EMPLOYMENT AND BACKGROUND QUESTIONS

Have you worked or attended school under any other names? YES NO

If yes, give names:

Are you presently employed? YES NO

If yes, why do you want to leave your current position?

Have you ever been fired from a job or asked to resign? YES NO

If yes, please explain.

ADDITIONAL REMARKS

We appreciate your interest in seeking employment with us - please feel free to make any additional remarks in the space provided below or attach any additional information that would be helpful in evaluating your qualifications.

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.

The Town of Jackson is committed to protecting the safety, health and well-being of all employees and individuals in our workplace. We recognize that alcohol abuse and drug use pose a significant threat to our goals. We have established a drug-free work place program that balances our respect for individuals with the need to maintain an alcohol and drug -free environment.

I understand I will be required to successfully pass a pre-employment drug screening examination. I also understand that I will be entered into the Town of Jackson's Drug Free Workplace drug and alcohol testing program including pre-employment, post incident, and reasonable suspicion testing. I hereby consent to this pre-employment test and to any testing required for participation in this program. If my application is for a position that requires a commercial Driver's License (CDL), I further understand that I will also be entered into the federally mandated drug and alcohol testing program that includes pre-employment, post incident, reasonable suspicion and random drug and alcohol testing. I hereby consent to this pre-employment test and to any testing required for participation in this program.

The Town of Jackson is committed to providing a safe and productive working environment. To achieve that goal, we conduct background investigations for all final candidates being considered for employment. Background checks may include, but are not limited to criminal history, employment and motor vehicle history.

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 medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

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, BY EITHER PARTY, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature and/or electronic signature, consent to these statements.

Date

Signature of Applicant

COMPLETELY VOLUNTARY

The Town of Jackson provides equal employment opportunities to men and women regardless of age, sex, sexual orientation, gender, gender identity, genetics, race, marital status, color, creed, religion, physical handicap, or national origin. In order to comply with federal grant funding rules, the following voluntary questions are being asked. You are not required to respond, it is completely voluntary.

Race: Please select the appropriate response.

- White
- Hispanic or Latino
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Other
- Two or More Races

National Origin (country of your birth): Please indicate your national origin.

Sex or Sexual Identity: Please select the appropriate response.

- Female
- Male

Last Name

First Name

Middle Initial