Cheyenne Laramie County Public Health

Application For Employment

100 Central Avenue
Cheyenne, WY 82007
Phone (307) 633-4002
Fax (307) 633-4141

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application

Last Name	First Name	Middle Name			
Address Number	Street	City	State	Zip Code	
Telephone Number(s)			Social Security Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes_____ No _____

Have you ever been employed with us before? Yes_____ No _____

When were you employed with us? _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes _____ No _____
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available to work? _____

Can you travel if a job requires it? Yes _____ No _____

How many years of supervising employees have you had? _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Cheyenne Laramie County Public Health

Education

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any job-related specialized training, apprenticeship, skills, or qualifications from other employment, military, or other experiences.

Please list all licenses including type of license, number, issuing state and expiration date

References

Name	Address	Phone number	Relationship to You

Cheyenne Laramie County Public Health

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

May we contact your present/last employer? Yes_____ No _____

Employer	Dates Employed		Work Performed
	From	To	
Address			
Phone Number(s)	Hourly Rate / Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason for leaving			

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Job Title			
Supervisor			
Reason for leaving			

Criminal History

A Criminal Background Check will be required for hiring.
A Drug and/or Alcohol test will be required before hiring.

Have you ever been convicted of a felony or any crime which carried the potential of a jail sentence in Wyoming or any other state or territory of the United States or any foreign county? _____ (this does not include minor traffic offenses, but does include alcohol related traffic incidents or convictions resulting from accidents involving injury to persons)

If yes, please explain and provide the date of conviction(s), the nature or title of the offense and the jurisdiction in which the conviction occurred:

_____

_____

_____

_____

Cheyenne Laramie County Public Health

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application is effective only for the position applied for. A separate application must be submitted for each position vacancy.

I hereby understand and acknowledge that Cheyenne Laramie County Public Health is an at-will employer. Either the Cheyenne Laramie County Public Health or the employee can terminate employment at any time for any reason, or no reason. There are no promises, express or implied, for continued employment, and no one nor any individual Board of Health member may waive or modify these conditions of employment. Cheyenne Laramie County Public Health policies are not intended to be construed as part of any employment relationship and/or contract and are simply general statements or organizational policy. Cheyenne Laramie County Public Health policies are subject to change under the direction of the governing body, the Board of Health.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of the employer.

_____ _____

Signature Date