



NATRONA COUNTY WEED AND PEST

Mail Addr: PO Box 1385; Mills WY 82644
6819 W Yellowstone Hwy; Casper WY 82604
Phone: 307-472-5559

Employment Application

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, gender, religion, disability or national origin.

Personal Information:

Last:		First:	MI:	SSN#	Email:
Street Address		City	ST	Zip	Phone
Referred By:			Are you 18 years of age or older?		YES: NO:

Employment Desired:

Position		Date You Can Start:		Salary Desired:	
Are you employed now?	YES	NO	May we contact your present Employer?	YES	NO
Have you ever worked for NCWP?	YES	NO			
When?					

Education:

	Name & Address of School	Last Year Completed	Graduated		Subjects Studied	Degree
Elementary School						
High School		1 2 3 4	YES	NO		
College		1 2 3 4	YES	NO		
Trade, Business School		1 2 3 4	YES	NO		

General:

Subjects of Special Study, Education or Research Work:

Job Related Skills:

Activities: (Civic, Athletic, Clubs, Groups etc.):

Former Employers: List your last four employers, starting with the last one first:

Date; Month; Year	Name & Address of Employer	Salary (upon leaving)	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

References: List below three persons not related to you, whom you have known for at least one year.

Name	Address	Job Title	Years Known
1			
2			
3			

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

Authorization:

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of, or related to such investigation or disclosure.

I understand and agree that nothing contained in this application or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term and may be terminated at any time, with out without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of said examination or test, which results shall remain confidential and segregated from my examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies, and procedures. The Company retains the right to revise its policies or procedures in whole or in part, at any time.

Date: _____ **Signature:** _____