

# FREMONT COUNTY SOLID WASTE DISPOSAL DISTRICT

Employment Application – Please Print or Type

Revised: October 5, 2012

## APPLICANT INFORMATION

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|  |                |    |                 |
|--|----------------|----|-----------------|
| Last Name  | First          | MI | Today's Date    |
| Street Address   |                |    | Apartment/Unit# |
| City   | State          |    | Zip Code        |
| Phone ( )  | E-Mail Address |    |                 |
| Date Available to Start  | Desired Salary |    |                 |
| Position Applied for   |                |    |                 |
| How did you hear about the open position _____   |                |    |                 |
| Are you a citizen of the United States? YES/NO If no, are you authorized to work in the U.S.? YES/NO |                |    |                 |
| Have you ever worked for this company? YES/NO If yes, when? _____                                    |                |    |                 |
| Have you ever been convicted of a felony? YES/NO If yes, please explain _____                        |                |    |                 |

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## EDUCATION

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|             |    |                                       |
|-------------|----|---------------------------------------|
| High School |    | Address                               |
| From        | To | Did you graduate? YES/NO              |
| College     |    | Address                               |
| From        | To | Did you graduate? YES/NO Degree _____ |
| Other       |    | Address                               |
| From        | To | Did you graduate? YES/NO              |

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## DRIVERS LICENSE INFORMATION

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Do you have a valid Wyoming driver's license? YES/NO

If yes,

- Please list your driver's license number: \_\_\_\_\_
- What is the type of license? \_\_\_\_\_
- Please list all endorsements \_\_\_\_\_
- Please list the types of trucks operated (if applicable) that have been operated, the role or conditions the trucks were operated, and the amount of time spent operating the trucks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Equipment Operation Background**

Please list the type of equipment and heavy equipment that you have operated, in what role or conditions the equipment was used, and the amount of time spent operating the equipment : \_\_\_\_\_

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**REFERENCES**

*Please list three references for both the Professional and Personal*

Professional References:

|           |              |
|-----------|--------------|
| Full Name | Relationship |
| Company   | Phone (    ) |
| Address   |              |

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|           |              |
|-----------|--------------|
| Full Name | Relationship |
| Company   | Phone (    ) |
| Address   |              |

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|           |              |
|-----------|--------------|
| Full Name | Relationship |
| Company   | Phone (    ) |
| Address   |              |

Personal References:

|           |              |
|-----------|--------------|
| Full Name | Relationship |
| Company   | Phone (    ) |
| Address   |              |

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|           |              |
|-----------|--------------|
| Full Name | Relationship |
| Company   | Phone (    ) |
| Address   |              |

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|           |              |
|-----------|--------------|
| Full Name | Relationship |
| Company   | Phone (    ) |
| Address   |              |

**PREVIOUS EMPLOYMENT**

*Please list three previous employers, starting with your present or most recent employment.*

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|                    |                            |                        |
|--------------------|----------------------------|------------------------|
| Company            | Phone (    )               | May we contact? YES/NO |
| Street Address     |                            | Apartment/Unit#        |
| City               | State                      | Zip Code               |
| Job Title          | Supervisor                 |                        |
| Responsibilities   |                            |                        |
| Date Hired         | Date the position was left |                        |
| Reason for leaving |                            |                        |

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|                    |                            |                        |
|--------------------|----------------------------|------------------------|
| Company            | Phone (    )               | May we contact? YES/NO |
| Street Address     |                            | Apartment/Unit#        |
| City               | State                      | Zip Code               |
| Job Title          | Supervisor                 |                        |
| Responsibilities   |                            |                        |
| Date Hired         | Date the position was left |                        |
| Reason for leaving |                            |                        |

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|                    |                            |                        |
|--------------------|----------------------------|------------------------|
| Company            | Phone (    )               | May we contact? YES/NO |
| Street Address     |                            | Apartment/Unit#        |
| City               | State                      | Zip Code               |
| Job Title          | Supervisor                 |                        |
| Responsibilities   |                            |                        |
| Date Hired         | Date the position was left |                        |
| Reason for leaving |                            |                        |

**MILITARY SERVICE**

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|   |      |                   |
|---|------|-------------------|
| Branch                                  | From | To                |
| Rank at Discharge                       |      | Type of Discharge |
| If other than honorable, please explain |      |                   |

**DISCLAIMER AND SIGNATURE**

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I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|