

**FREMONT COUNTY SOLID WASTE DISPOSAL DISTRICT
- GENERAL EMPLOYMENT APPLICATION FORM -**

Employment Application – Please Print or Type and Complete 100% of the Document
(*submittal of a resume along with this application is highly encouraged*)

Applications must be filled out completely to be considered.

Revised: June 24, 2021

APPLICANT INFORMATION

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 _____

Have you ever been fired from a job or asked to resign? YES/NO If yes, please explain _____

EDUCATION

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

DRIVERS LICENSE INFORMATION

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

If yes,

1. Please list your driver's license number: _____
2. What is the type of license? _____
3. Please list all endorsements _____
4. Driving Record: In order to determine if you are insurable through the District's insurance policies you must provide the following information for the last three years of time:

Have you, in the last three years (from the date of this application):

	YES	NO
- Had three or more moving (i.e traffic) violations	_____	_____
- Driving under the influence of drugs or alcohol	_____	_____
- Leaving the scene of an accident	_____	_____
- Fleeing to avoid arrest	_____	_____
- Reckless driving	_____	_____
- Homicide or assault by motor vehicle	_____	_____
- Driving without auto insurance	_____	_____
- Driving on a suspended license	_____	_____
- Refusal to take blood/breathalyzer test for suspended DUI or impaired driving	_____	_____

5. Please list: (1.) the types of trucks operated, (2.) the role or conditions the trucks were operated, and (3.) the amount of time spent operating the trucks: _____

Equipment Operation Background

Please list (1.) the type of equipment/heavy equipment that you have operated, (2.) in what role or conditions the equipment was used, and (3.) the amount of time spent operating the equipment: _____

Computer Experience/Ability

Please list (1.) your computer experience, (2.) types of programs used, (3.) in what capacity the computer programs have been used, and (4.) the amount of time you have used the listed programs: _____

REFERENCES

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

Professional References:

Full Name _____ Relationship _____

Company _____ Phone (____) _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone (____) _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone (____) _____

Address _____

Personal References:

Full Name _____ Relationship _____

Company _____ Phone (____) _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone (____) _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone (____) _____

Address _____

MILITARY SERVICE

Branch _____ From _____ To _____

Rank at Discharge _____ Type of Discharge _____

If other than honorable, please explain _____

PREVIOUS EMPLOYMENT

Please list a minimum of either the last 10 years of work history, or your prior seven employers, whichever is greatest. Starting with your present or most recent employment. Attach additional pages as necessary to represent your applicable work history in a chronological order (again, starting with the most recent).

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 _____

Company _____ Phone (____) _____ May we contact? YES/NO
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Job Title _____ Supervisor _____
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Reason for leaving _____

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City _____ State _____ Zip Code _____
Job Title _____ Supervisor _____
Responsibilities _____
Date Hired _____ Date the position was left _____
Reason for leaving _____

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.

Signature _____ Date _____