

List all equipment / machines that you can operate. After each piece of equipment, list the number of years experience you have had with that piece of equipment:

Typing	(WPM)	Shorthand	(WPM)	Dictaphone	(Years)	Calculator	(Years)
Computer	(Years)	Other Skills:					(Years)
Licenses or Certificates held:							

MILITARY DATA

Are you a Veteran of the Armed Forces of the United States? Yes No

If so, please attach a copy of your DD-214

Military Ser-	From		To	
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EMPLOYMENT DATA

List all experience starting with present or most recent employer first.

Most Recent or Present Employer

Name of Employer				From		To	
Address							
Telephone Number			Your Title				
Salary / Monthly or Hourly	<i>Beginning</i>		<i>Ending</i>				
Describe in detail your duties and responsibilities							
Number and kind of employees you supervised							
Your Supervisor				May we Contact?	Yes	No	
Reason for Leaving							

Next Previous Employer

Name of Employer				From		To	
Address							
Telephone Number			Your Title				
Salary / Monthly or Hourly	<i>Beginning</i>		<i>Ending</i>				
Describe in detail your duties and responsibilities							
Number and kind of employees you supervised							
Your Supervisor				May we Contact?	Yes	No	
Reason for Leaving							

Applicant Information Form

NOTICE: APPLICANTS WHO DO NOT PRESENT THE PROPER DOCUMENTS CANNOT BE HIRED.

As a condition of employment with the City of Sheridan, successful applicants will be asked to present one of the following documents before being hired:

1. U.S. passport (can be expired).
2. Certificate of U. S. Citizenship or Certificate of Naturalization.
3. Unexpired foreign passport authorizing U.S. employment (with official impression by the State Department).
4. Resident alien card or other alien registration card containing the applicant's identification, photograph and authorization to work in the U. S. A.

If none of the above is available, successful applicants must present one of the following;

- A. U.S. Social Security Card.
- B. Certificate of Birth in the U.S.
- C. Certificate establishing U.S. nationality at birth.

Applicants who present a Social Security card, U.S. birth certificate or certificate of U. S. nationality must also present one of the following identification cards.

- D. Valid U. S. drivers license containing a photograph.
- B. Other state-issued identification card containing a photograph.

CITY OF SHERIDAN, WYOMING

AUTHORIZATION TO INVESTIGATE JOB APPLICANT

INFORMATION WAIVER

I authorize the City of Sheridan to make whatever inquiries it may deem necessary in connection with my application for employment. As part of such inquiries, the City of Sheridan has my permission to contact persons who may have information relating to my suitability for employment.

I authorize and instruct any person or agency contacted by the Sheridan Police Department to participate or conduct inquiries at its request, to compile information, and to furnish the City of Sheridan with any information obtained as a result of such inquiries.

I further authorize the City of Sheridan, in its sole discretion, to furnish copies of this Authorization and my application to any person(s) in connection with the above purposes.

Full Name: _____ Social Security Number: _____

Address: _____
(Street) (City) (State) (Zip)

DISCLOSURE STATEMENT

Information contained in reports obtained by the Sheridan Police Department in accordance with the above authorization may include information pertaining to your character, general reputation, police record, personal characteristics, and mode of living. You have the right to request that the Sheridan Police Department completely and accurately disclose to you the nature and scope of all investigations requested. Such a request must be made in writing to the Personnel Department within a reasonable period of time after your application for employment is received.

Signature

Date

(Parent/Guardian if under 18 years of age)

Date

Applicant Data Record

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date: _____

Position(s) Applied for _____

Referral Source: Advertisement Friend Relative Walk-in
 Employment Agency Other _____

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submissions of information is voluntary.

Check one: Male Female

Check one of the following: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual

Next Previous Employer

Name of Employer		From		To	
Address					
Telephone Number		Your Title			
Salary / Monthly or Hourly	<i>Beginning</i>		<i>Ending</i>		
Describe in detail your duties and responsibilities					
Number and kind of employees you supervised					
Your Supervisor		May we Contact?	Yes		No
Reason for Leaving					

Next Previous Employer

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Address					
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Describe in detail your duties and responsibilities						
Number and kind of employees you supervised						
Your Supervisor				May we Contact?	Yes	No
Reason for Leaving						

REFERENCES

List those that know of your abilities

1.						
	NAME	OCCUPATION	ADDRESS	CITY	STATE	PHONE
2.						
	NAME	OCCUPATION	ADDRESS	CITY	STATE	PHONE
3.						
	NAME	OCCUPATION	ADDRESS	CITY	STATE	PHONE
1.	Do you have a valid drivers license?			Yes		No
2.	Do you have any relatives who work for the City of Sheridan?			Yes		No
3.	If so, whom?					

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

The facts made in my application are to the best of my knowledge, true and complete. I understand that any false statements or misrepresentations given by me on this application are sufficient cause for disqualification from further consideration or dismissal.

I understand that upon a conditional offer of employment, I will be required to pass a drug screening test prior to employment. I also understand that for certain identified positions, I will be required to pass a physical examination prior to employment.

I understand that acceptance of this Application for Employment by The City of Sheridan does **not** constitute a contractual obligation for employment now or at any future date.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A 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, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

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

Signature		Date	
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