

APPLICATION FOR EMPLOYMENT

Goshen County Treasurer

2125 East "A" Street
P O Box 878
Torrington, Wyoming 82240
Phone (307) 532-5151 Fax (307) 532-7070
Email ldominnguez@goshencounty.org



INSTRUCTIONS: *Please print or type all information.* The application must be filled out accurately and completely. Answer all questions. Do not leave any item blank. If an item does not apply, write N/A (not applicable). Incomplete applications will not be considered. All statements made on the application are subject to verification. Exaggerated, false, or misleading statements may be cause for rejection of the application and/or termination of employment. Eligibility for hire may be based on a rating of this application; therefore, completeness and accuracy are of the utmost importance.

Date of Application: _____

Position Applied For: _____ :

Last Name: _____ First: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone _____ Work/Message Phone: _____

Email _____

Please Check Appropriate Response

- | | |
|---|--|
| 1. Have you ever worked for Goshen County? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. If yes, please give date(s) of employment _____ | |
| 3. Are you currently employed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| May we contact your employer? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Are you a U.S. citizen? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. If no, are you authorized by Immigration and Naturalization to work in the U.S.? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. When would you be able to start working? _____ | |
| 7. Will you work night shifts? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will you work weekends? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Have you ever been fired, forced to resign, or resigned in lieu of termination? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain below: | |
| Employer's Name: _____ Date: _____ | |
| Reason: _____ | |
| 9. Are you related to a County employee or is any member of your family employed by the county? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name: _____ Relationship: _____ Department: _____ | |
| 10. How did you learn about this position? | |
| _____ | |
| _____ | |

EDUCATION AND SPECIAL TRAINING

Do you have a High School Diploma? Yes No Date Obtained: _____ GED? Yes No Date Obtained: _____

If not, highest grade completed: _____

Name and location of last High School attended: _____
 Name City State

List Special Training (Business, Trade, Vocational, Armed Forces Schools, etc.) Below:

Name and Location	Total Hours Completed	Hours required for certification	Course/Subject Taken	Certificates Received

List Colleges and Universities Attended Below:

Name and Location	Credit Hours Received		Did you graduate?		Major/Minor Degree Field of Program of Study	Type of Degree Received
	Sem.	Qtr.	Yes	No		

Describe any job-related specialized training, skills and/or qualifications from other employment, military or other experience:

Specialized Skills (check items that apply)

_____ PC

_____ Excel

_____ Internet

_____ Internet

_____ MS Word

_____ Phone system

_____ Calculator

_____ QuickBooks

_____ Cash Register

Employment History

INSTRUCTIONS: Beginning with your present or most recent job, describe your paid work experience for the past ten (10) years and list a minimum of three (3) employers. List each promotion or transfer as a separate job even if they were with the same employer. Include Military, part time, and self-employment. List all gaps in work history in spaces provided. If you have more than four (4) separate periods of employment, sign and attach sheets in the same format as below. Resumes will not be accepted as official applications.

(Job 1) Present or most Recent Employer						Employer: _____
From		To		Total Time		Address: _____
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____
						Your Job Title: _____
Hours per Week _____						Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____
Last Salary \$ _____ per _____						May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties: _____						

Number of Employees supervised (if applicable): _____						

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL FROM (mo/yr): _____ TO (mo/yr): _____

(Job 2) Present or most Recent Employer						Employer: _____
From		To		Total Time		Address: _____
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____
						Your Job Title: _____
Hours per Week _____						Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____
Last Salary \$ _____ per _____						May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties: _____						

Number of Employees supervised (if applicable): _____						

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL FROM (mo/yr): _____ TO (mo/yr): _____

(Job 3) Present or most Recent Employer						Employer: _____
From		To		Total Time		Address: _____
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____
						Your Job Title: _____
Hours per Week _____						Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____
Last Salary \$ _____ per _____						May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties: _____						

Number of Employees supervised (if applicable): _____						

BETWEEN THESE JOBS (if applicable): UNEMPLOYED IN SCHOOL FROM (mo/yr): _____ TO (mo/yr): _____

(Job 4) Present or most Recent Employer						Employer: _____
From		To		Total Time		Address: _____
Mo.	Yr.	Mo.	Yr.	Yrs.	Mo.	Telephone Number: _____
						Your Job Title: _____
Hours per Week _____						Supervisor's Name and Title: _____
Starting Salary \$ _____ per _____						Reason For Leaving Position: _____
Last Salary \$ _____ per _____						May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Specific Duties: _____						

Number of Employees supervised (if applicable): _____						

REFERENCES

Name: _____ Phone _____

Address: _____

Name: _____ Phone _____

Address: _____

Name: _____ Phone _____

Address: _____

NOTE: We may contact previous employers to verify employment information.

Did You:

Attach Your Resume?

Answer all questions completely?

Explain all gaps in employment?

Sign and date the application?

Please read this statement carefully before signing below:

The Goshen County Treasurer is an Equal Opportunity Employer.

I hereby certify that each response on this application and all other information I have furnished in applying for employment with the Goshen County Treasurer is true and correct. I understand that any incorrect, incomplete, or false statement or information I have furnished may subject me to disqualification in an examination or to discharge at any time.

Subsequent to an offer of employment, I give my voluntary consent to be medically examined, to be examined by a psychologist and to provide a sample of urine which may be tested for use of drugs and/or controlled substances.

My signature affirms that all information is true to the best of my knowledge and that I understand that any misstatement of fact may result in disqualification or dismissal.

SIGN YOUR NAME HERE

DATE

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