

# Goshen County Information Technology

2125 East "A" Street • Torrington, Wyoming 82240  
Administration (307) 532-1234 Fax (307) 532-1225

## EMPLOYMENT APPLICATION

### OFFICE USE ONLY:

APPROVED: \_\_\_\_\_ 0

DISAPPROVED: \_\_\_\_\_ 0

REASONS: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_

PX \_\_\_\_\_

BY: \_\_\_\_\_

**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 is of the utmost importance.

### Date of Application:

Position Applied For: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work/Message Phone: \_\_\_\_\_

### Please Check Appropriate Response

- Have you ever worked for Goshen County?  Yes  No  
If yes, please give date(s) of employment. \_\_\_\_\_
- Are you a U.S. citizen?  Yes  No  
If no, are you authorized by Immigration and Naturalization to work in the U.S.?  Yes  No  
Alien #A: \_\_\_\_\_  
Admission #: \_\_\_\_\_
- Will you work night shifts?  Yes  No  
Will you work weekends?  Yes  No
- Have you ever been fired, forced to resign, or resigned in lieu of termination?  Yes  No  
If yes, please explain below:  
Employer's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Reason: \_\_\_\_\_  
\_\_\_\_\_
- Are you related to a County employee or is any member of your family employed by the Goshen Co. IT Dept.?  Yes  No  
If yes, please give the person's:  
Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Division: \_\_\_\_\_
- Have you ever been found guilty of, had adjudication withheld, or pled no contest to any violation of law or do you have a current case pending with any criminal or civil court?  Yes  No  
If **yes**, please give details below:  
Date: \_\_\_\_\_  
Agency: \_\_\_\_\_  
Offense/Charge: \_\_\_\_\_  
 Felony  Misdemeanor  
Disposition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Note: A conviction does not automatically mean you cannot be employed by the Goshen Co. Information Technology Dept. The nature of the offense, how long ago it occurred, etc., are given consideration.  
*Attach additional sheets as needed.*
- Were you in the U. S. Armed Forces?:  Yes  No  
Did you receive an honorable discharge?  Yes  No  
Do you claim veteran's preference?  Yes  No
- List any alias or maiden names by which you are known by:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. DRIVER'S LICENSE INFORMATION

Do you have a valid Driver License? _____ Driver License Number: _____ State: _____ Expiration Date: _____ CDL Class: _____ Endorsements: _____	Has your license ever been suspended? <input type="radio"/> Yes <input type="radio"/> No Has your license ever been revoked? <input type="radio"/> Yes <input type="radio"/> No If yes, please provide dates and explain: _____ _____
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9. PLEASE LIST ALL TRAFFIC CITATIONS RECEIVED WITHIN THE LAST SEVEN (7) YEARS (driving under the influence, driving while intoxicated, etc., should be listed under number 6 on page 1).

Date: _____ Agency: _____ Offense/Charge: _____ Points: _____ Outcome: _____  Date: _____ Agency: _____ Offense/Charge: _____ Points: _____ Outcome: _____	Date: _____ Agency: _____ Offense/Charge: _____ Points: _____ Outcome: _____  Date: _____ Agency: _____ Offense/Charge: _____ Points: _____ Outcome: _____
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*If you have more than four citations within the last seven years, please attach a separate sheet in the same format.*

10. 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
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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		

11. 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 your 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 your 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 your 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 your this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Specific Duties: _____											
Number of Employees supervised (if applicable): _____											

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

**Did You:**

- Include your social security number?
- Answer all questions completely?
- Explain all gaps in employment?
- Complete application supplement, if applicable?
- Submit copies of TWO (2) of the following documents?
  - Birth Certificate
  - Valid Driver License
  - Social Security Card
- Resume' if desired
- Sign and date the application?

**Please read this statement carefully before signing below:**

The Goshen County Information Technology Department 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 Information Technology Dept. 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.

REQUIRED Documents (listed above) must be submitted prior to employment and must be attached to this application. All information is subject to investigation and verification.

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**

**NOTES:**

- Applicants must provide copies of documents required with application. Please include your social security number on all documents submitted.

GOSHEN COUNTY SHERIFF'S DEPARTMENT  
TORRINGTON, WYOMING

**NOTICE TO APPLICANT**  
**REQUIREMENT TO COMPLETE BACKGROUND CHECK/CONSUMER REPORT**

Dear Applicant,

In connection with your application for employment, the Goshen County Information Technology Department is required to procure certain background information concerning you. These background elements include but are not limited to information relating to drug and alcohol abuse, personal references, employment history, educational institutions, state and federal fingerprint files, present employer references, driving records, military records, spousal interviews, public or private utility companies, personal and real estate property records, records of complaint, arrest, trial and/or convictions for alleged or actual violations of law including criminal, civil and/or traffic records, professional licensing records, child support records and financial or credit institutions to include records of deposits, withdrawals, loans and balances.

I hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to ANY duly authorized agent of the Goshen County Information Technology Department whether the said records are of public, private or confidential nature. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation which may provide pertinent data for the Goshen County Information Technology Department to consider in determining my suitability for employment. It is further my specific intent to provide access to personal information, however personal or confidential it may appear to be, and the sources of information specifically identified herein.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and/or employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I further understand that in the event my application is disapproved, the sources of confidential information will not be revealed to me. **I further understand that a photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.**

Understanding these rights,

I authorize the Goshen County Information Technology Department to proceed with the background investigation described herein that is required by Wyoming State Statute and department policy and procedure.

NAME (Print Please) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY:**

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SEAL

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

My commission expires: \_\_\_\_\_, 200\_\_\_\_.

Notary: \_\_\_\_\_

**HOW DID YOU LEARN OF THIS POSITION?**

- Ad in newspaper \_\_\_\_\_
- Ad in trade journal \_\_\_\_\_
- Ad on radio \_\_\_\_\_
- Complete interest form and received notification
- County bulletin board/walk-in
- Friend/County Employee
- Internet \_\_\_\_\_
- Job Fair \_\_\_\_\_
- Agency Referral \_\_\_\_\_