

Date \_\_\_\_\_

# Washakie County

*Application Form*

P.O. Box 260

Worland, WY 82401

(An Equal Opportunity Employer)

## PERSONAL INFORMATION

Full Name _____
Street _____ Phone Number (____) _____
City-State-Zip Code _____
<i>Message Phone:</i>
Full Name _____ City-State-Zip Code _____
Phone Number (____) _____

## EDUCATIONAL BACKGROUND

Type of School	School Name City and State Where Located	Last Year completed (Circle)	Did You Graduate? (Circle)	Major Course of Study And Degree Granted
High School	_____	1 2 3 4	Y N	_____
	_____			
	_____			
College or Technical School	_____	1 2 3 4	Y N	_____
	_____			
	_____			
Post Graduate Courses	_____	1 2 3 4	Y N	_____
	_____			
	_____			

## RELATED CAREER EDUCATION (Additional Courses, Trade Schools, Seminars, etc.)

Briefly describe courses, length of program and when completed:

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PREVIOUS EMPLOYMENT (List most recent position first)

(Current or Most Recent Position)		
Name of employer (company or firm)	_____	Phone # (____) _____
Complete Address	_____	
Date hired _____ (month and year)	Date terminated _____ (month and year)	Final Salary \$ _____ Hourly * Bimonthly * Monthly * Yearly (circle One)
Position title _____	Description of duties _____	
Reason for leaving _____		
(Previous Position)		
Name of employer (company or firm)	_____	Phone # (____) _____
Complete Address	_____	
Date hired _____ (month and year)	Date Terminated _____ (month and year)	Final Salary \$ _____ Hourly * Bimonthly * Monthly * Yearly (circle one)
Position title _____	Description of duties _____	
Reason for leaving _____		
(Previous Position)		
Name of employer (company or firm)	_____	Phone # (____) _____
Complete Address	_____	
Date hired _____ (month and year)	Date Terminated _____ (month and year)	Final Salary \$ _____ Hourly * Bimonthly * Monthly * Yearly (circle one)
Position title _____	Description of duties _____	
Reason for leaving _____		

PLACEMENT INFORMATION

Type of position desired: _____
Salary expected to start: \$ _____ per hour * month * year (circle one)
Earliest date available: _____ Status desired: <u>Full time</u> * Part time * Either (circle one)
Related technical skills (list only skills or licenses pertinent to position applying for): _____ _____ _____

## EMPLOYMENT REFERENCES

List 3 previous supervisors or co-workers whom we can immediately contact:

1. Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Former or current relationship to you \_\_\_\_\_

Current company name \_\_\_\_\_ City, State \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Former or current relationship to you \_\_\_\_\_

Current company name \_\_\_\_\_ City, State \_\_\_\_\_

3. Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Former or current relationship to you \_\_\_\_\_

Current company name \_\_\_\_\_ City, State \_\_\_\_\_

## GENERAL INFORMATION

Please describe the skills and aptitudes that you feel qualify you for a position with us. (You may wish to include activities and positions held in civic, community and school organizations, professional societies, special training and skills.) Organizations that would reveal race, ethnic or any other protected status need not be listed.

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Have you ever been convicted of a crime? If yes, please explain. Include date, place and nature of crime.

Convictions will not necessarily disqualify an applicant.) Yes  No

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PLEASE READ CAREFULLY

The information provided on this application is accurate to the best of my knowledge and subject to verification. I understand that proof of U.S. permanent residency or authorization to work in the U.S. may be required upon employment. I understand that I must answer truthfully all the questions on this application. I also understand that if I do not, I may be refused employment or separated if I am a current employee.

If employment results from this application, I understand that additional personal data will be required to determine if I am eligible for benefits and for statistical/government reporting purposes.

I understand and acknowledge that prior to and/or during employment, I may be required to submit to medical testing for alcohol and/or illicit and/or controlled substances, and I hereby consent to such testing.

I authorize all previous employers and listed references to furnish whatever information they may have regarding my employment and my reason for leaving. And I release my prior employers from all liability for any damage resulting from the information provided.

I understand that employment with Washakie County is at will and either party with or without notice may end the employment relationship at any time.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant's Signature

APPLICANT  DO NOT WRITE BELOW THIS LINE

_____ <i>Interviewer</i>		_____ <i>Date</i>
Comments: _____		
_____		
_____		
_____		
Referred to Department Head: <b>Y</b> <b>N</b>		
Interviewed for vacant position: _____ <i>Title and Position Description</i>		
Interviewing Department Head _____		
Interviewing Department Head _____		
Salary/Wage \$ _____ Hourly * Bimonthly * Monthly * Yearly (circle one)	Start Date: _____	
Approved: _____ <i>Personnel Officer</i>	_____ Date	

BENEFITS  
WASHAKIE COUNTY

BEGINNING WAGE: DEPENDENT UPON QUALIFICATIONS

EMPLOYEE IS PAID THE LAST WORKING DAY OF EACH MONTH

VACATION SCHEDULE  
AFTER ONE YEAR OF EMPLOYMENT

FROM 1 YEAR TO 2 YEARS EMPLOYMENT	5 DAYS (40 HOURS)
FROM 2 YEARS TO 10 YEARS EMPLOYMENT	10 DAYS (80 HOURS)
FROM 10 YEARS AND MORE	15 DAYS (120 HOURS)

**AFTER SIX MONTHS OF EMPLOYMENT**

FORTY HOURS OF SICK LEAVE IS GRANTED AFTER SIX MONTHS UP TO ONE YEAR

**AFTER ONE YEAR EMPLOYMENT**

120 HOURS OF SICK LEAVE GRANTED AND EMPLOYEE CAN ACCUMULATE UPTO 240 HOURS

WASHAKIE COUNTY DOES HAVE A SICK LEAVE DONATION POLICY THAT EMPLOYEES CAN DONATE TO OTHER EMPLOYEES IN NEED

PAID HOLIDAYS: NEW YEARS DAY, PRESIDENTS DAY, GOOD FRIDAY, MEMORIAL DAY, INDEPENDENCE DAY, LABOR DAY, COLUMBUS DAY, THANKSGIVING (2 DAYS) CHRISTMAS (SOME TIMES 2 DAYS)

INSURANCE BENEFITS

HEALTH INSURANCE –MEDICAL, DENTAL AND VISION. PORTION OF PREMIUM PAID BY EMPLOYEE DEPENDING ON PLAN THAT IS CHOSEN BY EMPLOYEE.

HEALTH REIMBURSEMENT ACCOUNT (HRA) PAID BY COUNTY.

WYOMING RETIREMENT BENEFIT

SHORT TERM AND LONG TERM DISABILITY – PAID BY WASHAKIE COUNTY

LIFE INSURANCE POLICY - \$10,000.00 – PAID BY WASHAKIE COUNTY

457 PLAN AVAILABLE – COUNTY DOES NOT CONTRIBUTE