

CITY OF LANDER
APPLICATION FOR EMPLOYMENT
Please Print

Date: _____

Name: _____ Social Security # _____

Present Address: _____ Telephone # _____

Are you legally eligible for employment in the USA? Yes___ No___ (if yes, verification will be required upon employment) Are you of the legal age to work? _____

Position applying for _____

Were you previously employed by us? _____ If yes when? _____
If your application is considered favorably, on what date will you be available for work?

Are you a citizen of the USA? _____

Are you eligible to be bonded? _____

Have you ever been convicted of a crime, which has not been expunged or sealed by the court?
_____yes _____no. If yes, describe in full _____

I hereby authorize the City of Lander to complete a criminal history background check on me.

Signature of Applicant: _____ Date: _____

Please list all experiences, skills or qualifications which will be of special benefit in the job for which you are applying. (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.)

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Check Last Year completed	Did you Graduate?	List Diploma or Degree
Elementary			5 6 7 8	Yes No	
High School			1 2 3 4	Yes No	
College			1 2 3 4	Yes No	
Other (Specify)			1 2 3 4	Yes No	

LIST BELOW PRESENT AND PAST EMPLOYMENT, BEGINNING WITH YOUR MOST RECENT

Name and Address of Company & Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
Phone #								
Name and Address of Company & Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
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Phone #								

Name and Address of Company & Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo	Yr	Mo	Yr				
Phone #								

I hereby give my permission to contact the employers listed above concerning my prior work experience.

Signed: _____

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s).

_____]

PERSONAL REFERENCE

1. _____
Name, Address, Telephone

2. _____
Name, Address, Telephone

3. _____
Name, Address, Telephone

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment will be at-will and can be terminated with or without notice, at any time, for any reason or no reason. No one other than the Mayor, with the consent of the City Council has authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by the Mayor.

Signature of Applicant