

APPLICATION FOR EMPLOYMENT



City of Mills
307-234-6679
704 4th Street
Mills, WY. 82644



APPLICANT INFORMATION									
Last Name		First		M.I.		Date			
Street Address						Apartment/Unit #			
City				State			ZIP		
Phone				Cell Phone					
Date of Birth				Driver License #			C.D.L.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Position Applied for						Date Available			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?						
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain						

EDUCATION									
High School				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

REFERENCES									
<i>Please list three PROFESSIONAL references.</i>									
Full Name				Relationship					
Company				Phone	()				
Address									
Full Name				Relationship					
Company				Phone	()				
Address									
Full Name				Relationship					
Company				Phone	()				
Address									

PREVIOUS EMPLOYMENT

Company				Phone	()
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company				Phone	()
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

Company				Phone	()
Address				Supervisor	
Job Title		Starting Salary	\$	Ending Salary	\$
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>

DESCRIBE ANY SPECIALIZED JOB OR MILITARY TRAINING, APPRENTICESHIP, SKILLS, OR ACTIVITIES

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature				Date	
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