

UINTA COUNTY WEED & PEST APPLICATION FOR EMPLOYMENT

Please fill out form completely for employment consideration. Print and fax or mail when completed.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Personal Information

Name: Last	First	Middle Initial	Date:
Street Address:			Home Phone:
City, State, Zip:			Cell Phone:
Mailing Address:(If different than street address)			Email Address:
City, State, Zip:			
Are you over 18 years of age: <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.			
Have you ever applied for employment with us: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____			
How did you learn of our organization:			
Are you legally eligible for employment in the United States:			
Date you are available for work:			
Are you employed now:		If so, may we inquire of your present employer:	
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe in full.			
Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.			

2.	Company Name:	Telephone:
	Address:	Employed (Start Month and Year) From: To:
	Name of Supervisor:	Hourly Rate:
	Job Title and Describe Your Work:	Reason for Leaving:
3.	Company Name:	Telephone:
	Address:	Employed (Start Month and Year) From: To:
	Name of Supervisor:	Hourly Rate:
	Job Title and Describe Your Work:	Reason for Leaving:
We may contact the employers listed above unless you indicate those you do not want us to contact.		<p style="text-align: center;">Do not contact</p> Employer Number(s) _____ Reason _____

List any other additional information you would like us to consider:

References: Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Relationship	Phone Number
1.			
2.			
3.			

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal.

I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Uinta County Weed & Pest. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Uinta County Weed & Pest unless made in writing.

If I am offered employment I agree to a medical examination and drug test or any time deemed appropriate by the Uinta County Weed & Pest and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Uinta County Weed & Pest the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Uinta County Weed & Pest's Drug and Alcohol Policy.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition; I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand that filling out this form does not indicate there is a position open and does not obligate the Uinta County Weed & Pest to hire. If hired, I agree to abide by all Uinta County Weed & Pest work rules, policies and procedures. The Uinta County Weed & Pest retains the right to revise its policies or procedures, in whole or in part, at any time.

Date

Signature

Please complete and mail or fax a copy of this form

to:

Uinta County Weed and Pest District

PO Box 825

Evanston, WY 82931-0825

Phone (307)789-9289

Fax (307)444-5700

<http://ucwp.org>