



Fremont County Weed and Pest Control District  
 450 N. SECOND ST. – ROOM 325  
 LANDER, WY 82520  
 (307) 332-1052

## APPLICATION FOR FULL TIME EMPLOYMENT

Fremont County Weed and Pest is an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, or national origin. The District has a smoke free working environment and is a drug free workplace. Employees may be subject to for cause testing for drugs and alcohol.

### PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_

Last First Middle

Present Address \_\_\_\_\_

Street City State Zip

Mailing Address \_\_\_\_\_

Street City State Zip

Phone # \_\_\_\_\_ E-mail address: \_\_\_\_\_

Referred By \_\_\_\_\_ Are you 18 years of age or older?  Yes  No

### EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date You Can Start \_\_\_\_\_

Are you Employed Now?  Yes  No If So May We Inquire of Your Present Employer?  Yes  No

Ever Applied to this Organization Before?  Yes  No Where? \_\_\_\_\_ When? \_\_\_\_\_

**Education, Past Employment, and References may be skipped below with included current resume.**

### EDUCATION

Name and Location of School

Circle Last Year Completed

Did You Graduate?

Subjects Studied and Degree(s) Received

Name and Location of School	Circle Last Year Completed	Did You Graduate?		Subjects Studied and Degree(s) Received
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	1 2 3 4	<input type="checkbox"/>	<input type="checkbox"/>	

Subjects of Special Study / Research: \_\_\_\_\_

Job Related Skills: \_\_\_\_\_

Activities Other Than Religious (Civic, Athletic, etc.)

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS

Valid WY Pesticide Applicator License? YES  NO  Current Driver's License? YES  NO

Additional Certificates : \_\_\_\_\_

## FORMER EMPLOYERS

List below your last four employers, starting with the last one first.

Date Month and Year	Name / Location / Phone number of Employer	Wage (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				

## PROFESSIONAL REFERENCES

Name	Phone or email	Position	Years Acquainted
1.			
2.			
3.			

If you are to be hired by the Fremont County Weed & Pest (FCWP), you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements. Additionally you will be required to submit to a driving record review.

## AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by FCWP.

I understand that any employment is conditioned on a background check. I authorize FCWP to thoroughly investigate all statements contained in my application, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to FCWP, without giving me prior notice of such disclosure. In addition, I release FCWP, 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 and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. 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 FCWP. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon FCWP unless made in writing.

If employed, I agree to submit to a medical examination or drug test at any time deemed appropriate by FCWP and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to FCWP 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 FCWP's Drug and Alcohol Policy.

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

Date \_\_\_\_\_ Signature \_\_\_\_\_