

CITY OF POWELL APPLICATION and PERSONAL HISTORY STATEMENT



City of Powell
270 North Clark Street
Powell, WY 82435
307-754-5106

Date _____ SEASONAL EMPLOYMENT

An Equal Opportunity Employer

The City of Powell is an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran or Vietnam-era veteran.

Failure to properly complete the application as requested may result in the application being rejected.

Personal

The following information is requested of you for verification and contact purposes: **COMPLETE ALL ITEMS**

Name	Last	First	Middle
------	------	-------	--------

Other names (including nicknames) you have been known by: _____

Please list address at which you can be contacted.

Number	Street	City	State	Zip Code
--------	--------	------	-------	----------

Please list the local telephone number(s) at which you can be contacted, and the hours which you can be reached.

Age	Employment Status
-----	-------------------

Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you 14 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes <input type="checkbox"/> No <input type="checkbox"/> Can you provide such documentation? Yes <input type="checkbox"/> No <input type="checkbox"/>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Position

Position applied for _____

Were you previously employed by us? _____ If so, when? _____

Are you related to any current City of Powell Employee(s)? _____ If yes, please provide the employee's name and nature of the relationship _____

For temporary/seasonal employment please complete the following:
 Dates available for employment: From _____ to _____

Does the position you applied for require you to drive? Yes _____ No _____ If yes, Driver's License State/Number _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes _____ No _____ If Yes, please explain: _____

Have you ever been convicted of any law violation including any plea of guilty or no-contest? (Exclude minor traffic violations)

Yes _____ No _____ If yes, explain: (a conviction will not necessarily disqualify an applicant for employment) _____

List certificates, training, or other skills that are relevant to the job for which you have applied: _____

City of Powell use only: Meets minimum requirements to apply for desired position (s)
 _____ Yes Comment _____ _____ No Comment _____
 Application complete? Yes _____ No _____ Comment _____



Education

Name of School	Location: City and State	Number of years completed What degree and earned

Military Service

Have you ever served or trained in the armed forces, National Guard or Military Reserves? _____ Yes _____ No

If "yes" supply the following information:

Branch of Service Service Number Dates of Service Type of Discharge

References

Please include any references, not listed elsewhere in this application, who have knowledge of your qualifications.

Exclude relatives and former employers.

Reference	Telephone Number	Address where person can be contacted (including City, State and Zip Code)

Experience and Employment

Beginning with your most recent employment, please list all jobs (including part-time, temporary and voluntary positions) you have held in the past 10 years. For the purposes of this personal history statement, voluntary work should be included as employment. If you have had intervening periods of military service or unemployment, list those periods in sequence in the spaces provided.

Dates of Employment	Name and Address of Employer	Name of Supervisor
From To Mo _____ Yr _____ Mo _____ Yr _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Telephone # Title or Duties (for identification purposes)	Name of co-workers
Reason for leaving:		
_____ Military Service	_____ Not Employed	From To

Dates of Employment	Name and Address of Employer	Name of Supervisor
From To Mo _____ Yr _____ Mo _____ Yr _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Voluntary	Telephone # Title or Duties (for identification purposes)	Name of co-workers
Reason for leaving:		
_____ Military Service	_____ Not Employed	From To



Experience and Employment

<p>Dates of Employment</p> <p>From To</p> <p>Mo ____ Yr ____ Mo ____ Yr ____</p> <p><input type="checkbox"/> Full-time</p> <p><input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> Voluntary</p>	Name and Address of Employer	Name of Supervisor
	Telephone #	Name of co-workers
	Title or Duties (for identification purposes)	

Reason for leaving:

_____ Military Service _____ Not Employed From To

<p>Dates of Employment</p> <p>From To</p> <p>Mo ____ Yr ____ Mo ____ Yr ____</p> <p><input type="checkbox"/> Full-time</p> <p><input type="checkbox"/> Part-time</p> <p><input type="checkbox"/> Voluntary</p>	Name and Address of Employer	Name of Supervisor
	Telephone #	Name of co-workers
	Title or Duties (for identification purposes)	

Reason for leaving:

_____ Military Service _____ Not Employed From To

IF THERE IS MORE EMPLOYMENT INFORMATION FOR THE REQUESTED 10 YEAR PERIOD ATTACH ANOTHER SHEET

Would any problem result if your present employer was contacted during the course of the background investigation?

Yes _____ No _____

If "no" when should contact be made? _____

If you have had no prior employment, explain in the space below.

Have you ever received an unsatisfactory performance evaluation? If yes, give details (employer, supervisor, nature of incident, date, persons involved).

Yes _____ No _____

Have you ever received disciplinary action, been fired or asked to resign, or ever quit a job rather than get fired? If yes, give details (employer, supervisor, nature of incident, date, persons involved).

Yes _____ No _____

Have you ever been a successful or unsuccessful candidate for any position with another government entity? If yes, give details (include when, name of agency, circumstances, including reason for disqualification).

Yes _____ No _____



Read Before You Sign!

The facts set forth in my application for employment are true and complete and I certify that this application was personally completed by me. I understand that if employed, any false statement on this application may result in my dismissal, or if during hiring process, disqualification. I further understand that this application is not, and is not intended to be, a contract of employment, nor does this application obligate the employer in any way if the employer decides not to employ me. You are authorized to make any investigation of my personal history and financial and credit record through any investigation of credit agencies or bureaus of your choice.

In making this application for employment, I authorize an investigative report whereby information is obtained through personal interviews with my neighbors, friends, and others with whom I am acquainted. This inquiry, if made, may include information as to my character, personal characteristics and mode of living. I recognize that the City of Powell has a legal, as well as a moral obligation, to make every reasonable effort to ensure that persons employed by them conform to the very highest standards.

Therefore, I release and hold harmless the City of Powell and their officers, agents, or assigns, for their refusal to make available any and all of the information contained in this pre-employment investigation, including, but not limited to, the identity(ies) of any persons and/or organizations which may have supplied information in the course of this investigation, as well as the substance of any information supplied. **I hereby waive my right, now and in the future, to examine, review, or otherwise discover the contents of this investigation and all related documents thereto.**

I hereby authorize any representative of the City of Powell, Wyoming bearing this release to obtain any information in your files pertaining to my employment records and I direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Powell, Wyoming whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. It is my specific intent to provide access to personnel information, however personal or confidential it may be.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I release you, as the custodian of such records of your organization, including its officers, employees, or related personnel, individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Powell, Wyoming regardless of any agreement previously to the contrary.

For and in consideration of the City of Powell, Wyoming's acceptance and processing of my application for employment, I agree to hold the City of Powell, Wyoming its agents and employees harmless from any and all claims liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City of Powell, Wyoming. I understand that if information of a serious criminal nature surface as a result of this investigation, it may be turned over to the proper authorities.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy of FAX copy does not contain an original writing of my signature. This waiver is valid for a period of one year from the date of my signature. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signature in Full

Date completed

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

Seal

My commission expires _____

