



Evanston Parks & Recreation District
 275 Saddle Ridge Road
 Evanston, Wyoming 82930
 (307) 789-1770
 eprd@allwest.net

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. Those applicants requiring reasonable accommodation to the application and/or interview should notify the Director of the Evanston Parks and Recreation District.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number

If you are under 18 years of age, can you provide required proof of State Approved Driver's Education Course? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No
 If Yes, give date _____ Division _____

Are you currently employed? Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* Yes No

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Seasonal Temporary

Are you related to any current Parks & Recreation District employees? Yes No
 If yes, employee's name _____

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No
 If yes, please provide date(s) and details _____

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.

Driver's License number if driving is an essential job function _____ State _____

WE ARE AN EQUAL OPPORTUTNITY/ADA EMPLOYER

EDUCATION

	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			
Describe any specialized training, apprenticeship, skills and extra-curricular activities.			
Describe any honors you have received			
State any additional information you feel may be helpful to us in considering your application			

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business or civic activities and offices held. *You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:*

REFERENCES

Give name, address and telephone number of three references who are not related to you.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military? Yes No

If yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

Employer	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

Employer	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

Employer	Dates Employed		WORK PERFORMED
	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience. Identify software programs you are proficient in, list any equipment you have operated, and any other skills that may be useful to the position you are seeking.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No Date: _____ Time: _____

Remarks: _____

Interviewer

Date

Employed Yes No Date of Employment: _____

Job Title _____ Hourly/Rate Salary _____ Department _____

By: _____ Date: _____

Name and Title

NOTES _____

