



Town of Mountain View

405 N. Highway 414

Mountain View, Wyoming 82939

TEL. 307-782-3100 FAX 307-782-6880

JOB APPLICATION

Date: _____

NAME: _____

* PHYSICAL ADDRESS: _____

* MAILING ADDRESS: _____

* TELEPHONE #'s: _____

Position Applied For: _____ Salary Expected: _____

Date Available: _____ Hours Available: _____

EDUCATION HISTORY	NAME & LOCATION	DEGREE
High School		
University/College		
Other		

EMPLOYMENT HISTORY (most current first)

Employer: _____ Job Title: _____

Address: _____ Duties: _____

Phone: _____ Reason For Leaving: _____

Employed From/To: _____ Salary: _____

Employer: _____ Job Title: _____

Address: _____ Duties: _____

Phone: _____ Reason For Leaving: _____

Employed From/To: _____ Salary: _____

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Employer: _____ Job Title: _____

Address: _____ Duties: _____

Phone: _____ Reason For Leaving: _____

Employed From/To: _____ Salary: _____

REFERENCES

NAME	OCCUPATION	PHONE
1.		
2.		
3.		

The Town of Mountain View Personnel Policy contains the following requirements that you will have to comply with if you are hired.

PLEASE READ THEM CAREFULLY AND ASK ANY QUESTIONS YOU MAY HAVE

1. If you are hired, you may, and probably will be required to submit to alcohol/drug testing and/or a complete physical and/or a psychological evaluation at the towns expense. Continued employment will depend on satisfactory results of these evaluations.
2. Applicants must be U.S. citizens or legally documented resident aliens.
3. The Town employs an "Implied Consent to Testing" policy whereby any employee, for probable cause, may be required to submit to alcohol/drug testing while on the job. Failure to submit to testing will result in immediate termination.

The information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I understand I must truthfully answer all the questions on this application. I also understand that if I do not, I may be refused employment, or separated if I am a current company employee.

Signature

Date