

# Combined Communications

## JPB Application for Employment

An Equal Opportunity Employer M/F/H/V

### Combined Communications JPB

5 Shoshone Ave.

Green River, WY 82935

www.sweetwater911.org

Phone: (307)466-0272

Fax: (307)875-1933

email to:

jobs822@sweetwater911.org

DATE OF APPLICATION \_\_\_\_\_

Please complete all items thoroughly and legibly on application blank. Please **do not** substitute a resume for **any** section of this application.

### CONTACT INFORMATION

NAME \_\_\_\_\_  
Last First Middle

ADDRESS \_\_\_\_\_  
Street City State Zip Code

TELEPHONE NUMBER ( ) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

### EMPLOYMENT INTERESTS

POSITION(S) APPLIED FOR \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

Name of organization or person who referred you \_\_\_\_\_

Your association or relationship to referral source \_\_\_\_\_

### AVAILABILITY

Are you legally eligible for employment in this country?  Yes  No  
(Proof of eligibility will be required upon employment.)

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Are you presently employed?  Yes  No Date available for work \_\_\_\_\_

Are you on lay-off and subject to recall?  Yes  No

Are you available to work:  Full Time  Part Time  Temporary  Shift Work

Available for overtime as needed?  Yes  No

Available for travel as needed?  Yes  No

Driver's License Number (if required by job) \_\_\_\_\_ State \_\_\_\_\_ Class (Type) \_\_\_\_\_  
(For Driver positions only, a copy of your current motor vehicle record **and** a list of your traffic violations for the past three years **must** be attached.)

Have you ever been convicted of a felony?  Yes  No

If yes, please explain \_\_\_\_\_

**EMPLOYMENT HISTORY** Beginning with your **present or last job**, please provide the following information about your employment record. If additional space is needed, please continue with the same format on a separate sheet of paper. Explain any gaps in employment in the "APPLICANT'S NOTES ON EMPLOYMENT" section that follows. Please complete thoroughly and **do not** substitute resume for this section.

1	Name and Address of Employer and Type of Business	From		To		Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
	Your Job Title and Description of Work You Performed:								
	Telephone								

2	Name and Address of Employer and Type of Business	From		To		Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
	Your Job Title and Description of Work You Performed:								
	Telephone								

3	Name and Address of Employer and Type of Business	From		To		Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
	Your Job Title and Description of Work You Performed:								
	Telephone								

4	Name and Address of Employer and Type of Business	From		To		Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
	Your Job Title and Description of Work You Performed:								
	Telephone								

We will check references with the employers you have listed unless you indicate those you do not want us to

**DO NOT CONTACT** Employer Number(s) \_\_\_\_\_  
Reason: \_\_\_\_\_  
\_\_\_\_\_

### APPLICANT'S NOTES ON EMPLOYMENT / SKILLS AND QUALIFICATIONS

Please explain any gaps in employment history. Also summarize special skills and qualifications acquired from employment or other experiences that relate to the position(s) for which you are applying, as well as licenses, craft cards, certifications held, equipment operated, etc.

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### EDUCATION

	Elementary School	High School	Undergraduate College/Univ.	Graduate/ Professional
<i>School Name and Location</i>				
<i>Circle Highest Year Completed</i>	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
<i>Diploma/Degree</i>				
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.				

**MILITARY SERVICE TRAINING**

Did you receive any job-related training in the United States military?  Yes  No.

If yes, describe branch of service, dates, and location of such training below:

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**REFERENCES** List name, address, and telephone number of three business/work references who are **not** related to you and who are **not** previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name and Address	Telephone	Years Known
	( ) -	
	( ) -	
	( ) -	

I understand and agree that any misrepresentation by me on this application will be sufficient cause for voiding this application or for separating me from the service of the Combined Communications JPB if I have become employed. I further understand that acceptance of an offer of employment does not create a contractual obligation upon the Combined Communications JPB to continue to employ me in the future.

I authorize the Combined Communications JPB to investigate my work performance with my references and with my previous employers, *(except as noted)*, and to investigate other such records, *(e.g., motor vehicle operator records, criminal records etc.)*, pertinent to the job(s) for which I have applied. I hereby release from liability the Combined Communications JPB and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

I understand and consent to physical examinations, including drug and alcohol screenings, and other tests/evaluations, *etc.* that may be required to certify my suitability for the work for which I have applied, and I release from liability the Combined Communications JPB and its representatives for any legitimate actions it takes relating to the results of such tests. I also understand that refusal to submit to the physical and drug screening will constitute voluntary withdrawal of my application for employment. I also understand that the Combined Communications JPB may refuse to hire me as a result of the examination, and I agree to hold the Combined Communications JPB harmless for such refusal.

If I become employed, I also agree to such physical examinations, including drug and alcohol screenings, and other tests/evaluations, *etc.* as reasonably may be required to certify my continuing suitability for any work which I may encounter while an employee of the Combined Communications JPB. I further agree to hold the Combined Communications JPB harmless for the consequences of such examinations, screenings, tests, *etc.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*(Application is incomplete and invalid without signature.)*

The Combined Communications JPB considers applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital, or veteran status, or any other legally protected status.

## APPLICANT DATA SURVEY

*VOLUNTARY - (For statistical use by Administrative Staff only)*

As an Equal Opportunity Employer, the Combined Communications JPB complies with applicable EEO regulations. We consider all applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job-related disability, or any other legally protected status.

The purpose for this Data Survey is to compile gender, ethnicity, disability and veteran status of all applicants for equal employment opportunity purposes. If an applicant elects not to respond to this questionnaire, his/her individual EEO categories will be based on the best information available. This data is **not** part of your official application for employment. It is considered confidential information that will **not** be used in any hiring decision.

NAME \_\_\_\_\_  
Last First Middle

POSITION(S) APPLIED FOR \_\_\_\_\_ DATE \_\_\_\_\_

Name of organization or person who referred you \_\_\_\_\_

Your association or relationship to referral source \_\_\_\_\_

Check One:  Male  Female

Date of Birth: \_\_\_\_\_

Month Day Year

Please check one of the following EEO categories:

- (1) Black (Non-Hispanic)
- (2) Hispanic
- (3) Asian, Indian or Pacific Islander
- (4) American Indian/Alaskan Native
- (5) White (Non-Hispanic)
- (6) Other (please specify) \_\_\_\_\_

Disabled Person\*  Yes  No

**\*ADA Definition of Disabled Person:** Any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Please check one of the following Veteran categories:

- Vietnam Era Veteran
- Other Protected Veteran
- Special Disabled Veteran
- Recently Separated Veteran

**Vietnam Era Veteran:** (1) Served in the military, ground, naval or air service of the United States on active duty for a period of more than 180 days, and was discharged or released with other than a dishonorable discharge, if any part of such active duty occurred: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964 and May 7, 1975 in all other cases; or (2) Was discharged or released from active duty for a service connected disability if any part of such active duty was performed: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964, and May 7, 1975, in all other cases.

**Special Disabled Veteran means** (1) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent if it has been determined that the individual has a serious employment disability; or (2) A veteran who was discharged or released from active duty because of a service-connected disability.

**Other Protected Veteran** includes 1) veterans who served in a "war." Since the last declaration of war issued by Congress initiated World War II, veterans with active duty service between December 17, 1941 and April 2, 1952 are considered veterans of World War II; and 2) those veterans who served in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.

**Recently Separated Veteran** includes veterans who have been discharged or released from active duty within a one-year period. The Workforce Investment Act defines recently separated veterans as any veteran who applies for participation under the Veterans Workforce Investment Act training within 48 months after the discharge or release from active military, naval, or air service.

This form is to be separated from completed employment application by Human Resources Department.