## Combined Communications JPB

5 Shoshone Ave. *Green River, WY 82935* www.sweetwater911.org *Phone: (307)466-0272 Fax:(307)875-1933* 

email to: jobs723@sweetwater911.org

## Combined Communications JPB Application for Employment

An Equal Opportunity Employer M/F/H/V

## DATEOFAPPLICATION

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

	CONTACT INFORM	IATION		
NAME				
Last	First		Middle	
ADDRESSStreet	City		State	7in Codo
	·			Zip Code
TELEPHONE NUMBER (	<u>- E</u>	-MAIL ADDRESS	S:	
	EMPLOYMENT INT	ERESTS		
POSITION(S) APPLIED FOR		SALAI	RYDESIREI	)
Name of organization or person who referre	ed you			
Your association or relationship to referral	source			
	AVAILABILIT	Y		
Are you legally eligible for employment in (Proof of eligibility will be required up			o Yes	o No
If you are under 18 years of age, can you p proof of your eligibility to work?	rovide required		o Yes	o No
Are you presently employed?	o Yes o No	Date available fo	or work	
Are you on lay-off and subject to recall?			o Yes	o No
Are you available to work: o Full Time	o Part Time o Ten	nporary o	Shift Work	
Available for overtime as needed?			o Yes	o No
Available for travel as needed?			o Yes	o No
Driver's License Number (if required by jour (For Driver positions only, a copy of your cut a list of your traffic violations for the past thr	rrent motor vehicle record <b>and</b>	State		Class (Type)
Have you ever been convicted of a felony	?		o Yes	o No
If yes, please explain				

Name and Address of Employer and Type of Business	Mo.			Yr.	Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
	Your	Job <sup>*</sup>	Title a	nd De	escription of	Work You F	Performed:	
elephone								
Name and Address of Employer and Type of Business		om Yr.		o Yr.	Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
	Your	Job	Title a	nd De	escription of	Work You F	Performed:	
elephone  Name and Address of Employer and Type of Business		om Yr.		Γο Yr.	Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
· · · · · · · · · · · · · · · · · · ·	Your	Job	Title a	nd De	escription of	Work You F	erformed:	
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Біорпопо		om Yr.		Γο Yr.	Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
Name and Address of Employer and Type of Business	Mo.							
Name and Address of Employer		Job	Title a	nd De	escription of	Work You F	erformed:	

EMPLOYMENT HISTORY Beginning with your present or last job, please provide the following information

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	E	Elemei	ntary	Schoo	ol	E		Schoo				gradu ge/Un					uate/	 I
School Name and Location	E	Elemei	ntary	Schoo	ol	E						gradu ge/Un						I
and Location  Circle Highest	4	Elemei	ntary 6	School	8	9								1	Pro			1
and Location							High	Schoo	ol .		Colle	ge/Un	niv.	1	Pro	ofes	ssiona	
and Location  Circle Highest Year Completed							High	Schoo	ol .		Colle	ge/Un	niv.	1	Pro	ofes	ssiona	
and Location  Circle Highest Year Completed	4	5	6	7			High	Schoo	ol .		Colle	ge/Un	niv.	1	Pro	ofes	ssiona	
and Location  Circle Highest Year Completed  Diploma/Degree  Describe	4 Cours	5	6	7			High	Schoo	ol .		Colle	ge/Un	niv.	1	Pro	ofes	ssiona	
and Location  Circle Highest Year Completed  Diploma/Degree	4 Cours	5 se of t	6	7			High	Schoo	ol .		Colle	ge/Un	niv.	1	Pro	ofes	ssiona	

MILITARY SERVICE TRAINING  Did you receive any job-related training in the Un  If yes, describe branch of service, dates, and local		•		s 🗓 No.		
REFERENCES List name, address, and tele not related to you and who are not previous sup references who are not related to you.	•					
Name and Address		Te	lephone	Years Known		
	(	)	-			
	(	)	-			
	(	)	-			
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 may encounter while an employee of the Cor Combined Communications JPB harmless for the	required mbined	d to certify Communi	my continuing suitabilications JPB. I furthe	ty for any work which I er agree to hold the		
Signature of Applicant	e.)		Date			

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.

NAM	IE			26.11
		Last	First	Middle
POSI	TION(S) APPLIED FO	R		DATE
	of organization or pers	•		
	c One: ☐ Male ☐ Fe			Date of Birth:
Check	Tone. I waite I re	marc		Month Day Year
Please	e check one of the follo	wing EEO categories:		Disabled Person*
	<ol> <li>(1) Black (Non-Hispan)</li> <li>(2) Hispanic</li> <li>(3) Asian, Indian o</li> <li>(4) American Indian</li> <li>(5) White (Non-Hispan)</li> <li>(6) Other (please sp</li> </ol>	r Pacific Islander n/Alaskan Native		*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	e check one of the follo	wing Veteran categories:		
	Vietnam Era Veteran			Special Disabled Veteran
	Other Protected Vetera	ın		Recently Separated Veteran
more occurr 7, 197 active	than 180 days, and wa red: (I) in the Republic 75 in all other cases; or	s discharged or released vor Vietnam between Februa (2) Was discharged or relea (2) in the Republic of Vietna	vith other ary 28, 19 ased from	or air service of the United States on active duty for a period of than a dishonorable discharge, if any part of such active duty 61, and May 7, 1975; or (II) between August 5, 1964 and May active duty for a service connected disability if any part of such an February 28, 1961, and May 7, 1975; or (II) between August
would	I be entitled to compens nt of more, or (ii) rated	ation) under laws administ at 10 or 20 percent if it has	tered by the been dete	compensation (or who but for the receipt of military retired pay the Department of Veterans Affairs for a disability (i) rated at 30 termined that the individual has a serious employment disability; because of a service-connected disability.
World War I	l War II, veterans with	active duty service between who served in a campaign	n Decemb	ar." Since the last declaration of war issued by Congress initiated per 17, 1941 and April 2, 1952 are considered veterans of World expedition for which a campaign badge, a service medal, or an
The W	Vorkforce Investment A	ct defines recently separate	d veterans	scharged or released from active duty within a one-year period. s as any veteran who applies for participation under the Veterans scharge or release from active military, naval, or air service.
This f	form is to be separated fro	m completed employment ap	plication b	by Human Resources Department.