



Town of Hanna
 P.O. Box 99 * Hanna, WY. 82327
 307-325-9424
 307-325-9625 (fax)
townofhanna1@union-tel.com

Employment Application

Applicant 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 90 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 such change I specifically acknowledged in writing by an authorized executive of this organization.

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 _____
 Remarks _____

 Interviewer _____ Date _____

Employed Yes _____ No _____ Date of Employment _____
 Hourly Rate/Salary _____
 Job Title _____ Department _____

By _____
 Name and Title _____ Date _____

Notes _____
