



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

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Are you currently employed? Yes ___ No ___ May we contact your current employer? Yes ___ No ___

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

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

Position Applied for: _____

How did you hear about us? Ad ___ Agency ___ Friend ___ Relative ___ Walk-in ___ Other ___

Have you ever been filed an application with us before? Yes ___ No ___

Have you ever been employed by us before? Yes ___ No ___

Are you a citizen of the United States? Yes ___ No ___

Have you ever worked for this company? Yes ___ No ___ If yes, when? _____

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status?
 Yes ___ No ___

Have you ever been arrested? YES No

If yes, explain:

Have you ever been convicted of a misdemeanor or felony and/or received first offender status or deferred prosecution? YES NO If yes please explain _____

On what date would you be available to work? _____

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

Are you currently on "lay-off" status and subject to recall? Yes ___ No ___

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____ Date: _____