



Carbon County Sheriff's Office  
 PO Box 190  
 Rawlins, WY 82301  
 (307) 324-2776  
 (An Equal Opportunity Employer)



APPLICATION FORM

PERSONAL INFORMATION

DATE: \_\_\_\_\_

Full Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

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

EDUCATIONAL BACKGROUND

Type of School	School Name City, State	How many years completed?	Did you graduate? Y/N	Major course of study and degree granted
High School				
College or Technical School				
Post Graduate Courses				

RELATED CAREER EDUCATION (Additional Courses, Trade Schools, Seminars, etc.) Briefly describe courses, length of program and when completed: \_\_\_\_\_

PREVIOUS EMPLOYMENT (List current or most recent position first)

Name of Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Date hired \_\_\_\_\_ End date \_\_\_\_\_ Final Salary \$ \_\_\_\_\_

Position Title \_\_\_\_\_

Description of duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Date hired \_\_\_\_\_ End date \_\_\_\_\_ Final Salary \$ \_\_\_\_\_  
Position Title \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Name of Employer \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Date hired \_\_\_\_\_ End date \_\_\_\_\_ Final Salary \$ \_\_\_\_\_  
Position Title \_\_\_\_\_  
Description of duties: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

### PLACEMENT INFORMATION

Type of position desired: \_\_\_\_\_

Salary expected to start \$ \_\_\_\_\_ per  hour  month  year

Earliest date available: \_\_\_\_\_ Status desired:  Full time  Part time  
 Either

Related technical skills (list only skills or licenses pertinent to position applying for): \_\_\_\_\_

### EMPLOYMENT REFERENCES

List three (3) previous supervisors or co-workers whom we can immediately contact:

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Former or current relationship to you: \_\_\_\_\_  
Current company name: \_\_\_\_\_ City, State: \_\_\_\_\_
  2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Former or current relationship to you: \_\_\_\_\_  
Current company name: \_\_\_\_\_ City, State: \_\_\_\_\_
  3. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Former or current relationship to you: \_\_\_\_\_  
Current company name: \_\_\_\_\_ City, State: \_\_\_\_\_
- .....

GENERAL INFORMATION

Please describe the skills and aptitudes you feel qualify you for a position with us. (You may wish to include activities and positions held in civic, community and school organizations, professional societies, special training, and skills.) Organizations listed that would reveal race, ethnic or any other protected status need not be listed. \_\_\_\_\_

Have you ever been convicted of a crime?

Yes  No

If yes, please explain. Include date, place and nature of crime: \_\_\_\_\_

PLEASE READ CAREFULLY

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 no longer than 45 days. Any applicant wishing to be considered for employment beyond this period of time 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 the Employee at any time with or without cause. It is further understood that the "at will" employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of the 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.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANT'S SIGNATURE

FOR INTERNAL USE ONLY \*\*\*\*APPLICANT DO NOT WRITE BELOW THIS LINE\*\*\*\*\*

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred to Supervisor: Yes No

Specify which vacant position applicant was interviewed for: \_\_\_\_\_

Interviewing Supervisor: \_\_\_\_\_

Hired? Yes No

Salary/Wage: \$ \_\_\_\_\_

Start Date: \_\_\_\_\_

hourly bimonthly monthly annually