

# Teton County Weed & Pest Control District

Jackson, WY

(An Equal Opportunity Employer)

## PERSONAL INFORMATION

Name _____
Mailing Address _____ Phone (Home) _____
Physical Address _____ Phone (Work) _____

## EDUCATIONAL BACKGROUND

Type of School	School Name City and State Where Located	Last Year Completed	Did You Graduate?	Major Course of Study And Degree Completed
High School		1 2 3 4	Y N	
College or Technical		1 2 3 4	Y N	
Post-Graduate Courses		1 2 3 4	Y N	

## RELATED CAREER EDUCATION (Additional Courses, Trade Schools, Seminars, etc.)

Briefly describe courses, length of program and when completed:

---

---

---

---

---

---

Is Your Resume Attached?

Yes

No



## EMPLOYMENT REFERENCES

List below three references (please include at least one previous employer) whom we may contact.

Name_____	Phone (    )_____
Current or Former Relationship to you_____	
Current Company Name and Address_____	

Name_____	Phone (    )_____
Current or Former Relationship to you_____	
Current Company Name and Address_____	

Name_____	Phone (    )_____
Current or Former Relationship to you_____	
Current Company Name and Address_____	

## GENERAL INFORMATION

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

---

---

---

Have you ever been convicted of a crime? If yes, please explain. Include date, place and nature of crime.  
Convictions will not necessarily disqualify an applicant.    Yes                      No

### PLEASE READ CAREFULLY

The information provided on this application is accurate to the best of my knowledge and subject to verification. I understand that proof of U.S. permanent residency or authorization to work in the U.S. may be required upon employment. I understand that I must answer truthfully all of the questions on this application. I also understand that if I do not, I may be refused employment or terminated if I am a current employee.

If employment results from this application, I understand that additional personal data will be required to determine if I am eligible for benefits and for statistical/governmental reporting purposes.

**I understand and acknowledge that prior to and/or during employment, I may be required to submit to medical testing for alcohol and/or illicit and/or controlled substances, and hereby consent to such testing.**

I authorize all previous employers and listed references to furnish whatever information they may have regarding my employment and my reason for leaving. I release my prior employers from all liability for any damage resulting from the information provided.

I understand that employment with Teton County Weed & Pest District is at will and the employment relationship may be ended at any time by either party with or without notice.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature