

# Laramie County Weed and Pest Control District

801 Muddy Creek Drive | Pine Bluffs, WY 82082

Phone: (307) 245-3213 | Fax: (307) 245-3027

Email: [larcoweed@rtconnect.net](mailto:larcoweed@rtconnect.net)

Website: <http://www.laramiecountyweedandpest.com>

## EQUAL OPPORTUNITY EMPLOYER

*We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job-related factors.*

## APPLICANT INFORMATION

|  |                 |  |  |           |          |
|--|-----------------|--|--|-----------|----------|
| Full Name:                             |                 | Nickname (if any):                     |  |           |          |
| Address:                               |                 | P.O. Box:                              |  |           |          |
| City:                                  | State:          | Zip Code:                              |  |           |          |
| Phone:                                 | E-mail Address: |  |  |           |          |
| Position Applied For:                  | Date Available: | "Seasonal employees" approx. last day: |  |           |          |
| Are you a citizen of the United States | YES _____       | NO _____                               | If no, are you authorized to work in US? | YES _____ | NO _____ |

## EMERGENCY CONTACT(S)

|               |               |
|---------------|---------------|
| 1) Full Name: | Relationship: |
| Phone:        |               |
| 2) Full Name: | Relationship: |
| Phone:        |               |

## PREVIOUS EMPLOYMENT (Last 2 jobs)

|   |             |                     |
|---|-------------|---------------------|
| 1) Company:   | Phone:      |                     |
| Address:  | Supervisor: |                     |
| Responsibilities:   |             |                     |
| From:   | To:         | Reason for Leaving: |
| May we contact your previous Supervisor for a reference? YES _____ NO _____ |             |                     |
| 2) Company:   | Phone:      |                     |
| Address:  | Supervisor: |                     |
| Responsibilities:   |             |                     |
| From:   | To:         | Reason for Leaving: |
| May we contact your previous Supervisor for a reference? YES _____ NO _____ |             |                     |

## EDUCATION

|              |          |                   |           |          |         |
|--------------|----------|-------------------|-----------|----------|---------|
| High School: | Address: |                   |           |          |         |
| From:        | To:      | Did you graduate? | YES _____ | NO _____ |         |
| College:     | Address: |                   |           |          |         |
| From:        | To:      | Did you graduate? | YES _____ | NO _____ | Degree: |
| Other:       | Address: |                   |           |          |         |
| From:        | To:      | Did you graduate? | YES _____ | NO _____ | Degree: |

## PREVIOUS JOB EXPERIENCE AND TRAINING

|   |           |          |
|---|-----------|----------|
| Do you have any known allergies to chemicals?   | YES _____ | NO _____ |
| Describe any previous job experience, training and responsibilities that are relevant to the position you are applying for: |           |          |
|   |           |          |
|   |           |          |
| List the equipment you have experience operating (such as spray equipment, ATVs, shop equipment, etc.) :                    |           |          |
|   |           |          |
|   |           |          |
|   |           |          |
| List the office equipment you have experience or knowledge of operating:  |           |          |
|   |           |          |
|   |           |          |
|   |           |          |

## REFERENCES (List Three)

|               |        |
|---------------|--------|
| 1) Full Name: | Phone: |
| Address:      |        |
| 2) Full Name: | Phone: |
| Address:      |        |
| 3) Full Name: | Phone: |
| Address:      |        |

## DRIVING INFORMATION

|   |           |          |                                       |           |          |
|---|-----------|----------|---------------------------------------|-----------|----------|
| Must have a valid, insurable license to be eligible for employment with Laramie County Weed & Pest. |           |          |                                       |           |          |
| Are you 18 years of age or older?   | YES _____ | NO _____ | Do you have a valid driver's license? | YES _____ | NO _____ |
| Have you ever been convicted of a Felony in Wyoming or any Other State or Foreign Country?          |           |          | YES _____                             | NO _____  |          |
| If yes, explain:  |           |          |                                       |           |          |

**★ Does your official (MVR) driving record information reflect any of the following unacceptable driving criteria?**

|   |           |          |
|---|-----------|----------|
| 1) Convicted of 3 or more, separate, on-duty or off-duty moving violations in the last 36 months? | YES _____ | NO _____ |
| 2) Convicted of 2 or more, separate, on-duty or off-duty moving violations in the last 12 months? | YES _____ | NO _____ |

**★ Have you had an Administrative Suspension on your Driver's license, a conviction or any form of deferred prosecution within the previous 36 months for ANY of the following:**

|  |           |          |
|--|-----------|----------|
| a) Driving under the influence of drugs or alcohol:                                      | YES _____ | NO _____ |
| b) Leaving the scene of an accident?   | YES _____ | NO _____ |
| c) Fleeing to avoid arrest?  | YES _____ | NO _____ |
| d) Reckless driving?   | YES _____ | NO _____ |
| e) Homicide or assault by motor vehicle?   | YES _____ | NO _____ |
| f) Driving without auto insurance? (If you are driving your personal vehicle for W&P bus | YES _____ | NO _____ |

**EMPLOYMENT AT-WILL**

*All employees of Laramie County Weed & Pest are employed at the will of the Weed & Pest for no definite period and are subject to termination at any time, for any reason not prohibited by law, with or without cause or notice. At the same time, such employees may terminate their employment with the Weed & Pest at any time and for any reason not prohibited by law.*

*No Laramie County Weed & Pest representative is authorized to modify this policy or to enter into any agreement, oral or written, contrary to this policy without express written consent by the Laramie County Weed & Pest Board of Directors. Supervisory and management personnel are not to make any representations to employees or applicants concerning the terms or conditions of employment with the Weed & Pest which are not consistent with our policies. No statements made in pre-hire interviews or discussions, or in recruiting materials of any kind, should alter the at-will nature of employment or imply that discharge will occur only for a cause.*

*Completion of an introductory period or conferral of regular status does not change an employee's status as an employee-at-will or in any way restrict the Laramie County Weed & Pest's right to terminate such an employee or change the terms or conditions of employment.*

**APPLICANT'S STATEMENT AND SIGNATURE**

*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.*

*I hereby understand and acknowledge that Laramie County Weed & Pest is an at-will employer. Either Laramie County Weed & Pest or the employee can terminate employment at any time, with or without notice or cause, for any reason not prohibited by law. There are no promises, expressed or implied, for continued employment and no officer or employee shall waive or modify these conditions of employment.*

*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 that I am required to abide by all rules and regulations of the employer as stated in the Policy Manual.*

|                |              |
|----------------|--------------|
| <b>Signed:</b> | <b>Date:</b> |
|----------------|--------------|