



# EMPLOYMENT APPLICATION

908 WEST BRUNDAGE LANE  
SHERIDAN, WY. 82801

AN EQUAL OPPORTUNITY EMPLOYER

Position Applied For	Type of Employment		Date
	Full Time <input type="checkbox"/>	Seasonal <input type="checkbox"/>	
	Part Time <input type="checkbox"/>	Temporary <input type="checkbox"/>	

Name of Applicant Last Name	First Name	Middle Name
--------------------------------	------------	-------------

Address (Street, city, State, Zip Code)	E-Mail Address
---	----------------

Date of Birth	Social Security Number	Telephone Number (Home)	Telephone Number (Business)
---------------	------------------------	-------------------------	-----------------------------

Are you 18 years of age or older?  YES  NO

Are you prevented from lawfully becoming employed in this Country because of VISA or Immigration status?  YES  NO

An offer of employment may be made contingent on the applicant passing a job-related physical examination.

Can you perform all of the job functions specified on the attached job description, with or without reasonable accommodation?  YES  NO

Do you object to working varying / rotating shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you object to working weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO	State:
Do you object working holidays? <input type="checkbox"/> YES <input type="checkbox"/> NO	License Number:

Sheridan County Airport participates in random drug and alcohol testing. If hired will you submit to these tests?  YES  NO

**Hire will be subject to employment history verification and a criminal history background check.**

Education			
High School attended and location.	Highest grade successfully completed.		Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
University/College attended and location.	No. of years completed	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degrees
	Major subjects of specialization.		
Other Education Training / Courses.			

## Office / Secretarial Applications

TYPING: Years of Experience _____ Words per Minute _____	Calculator: Years of Experience _____
--	---------------------------------------

COMPUTER : PC or Macintosh? \_\_\_\_\_ Years of Experience \_\_\_\_\_ Words per Minute \_\_\_\_\_  
(List all software programs with which you are proficient)

**EMPLOYMENT HISTORY (List previous 10 years – present or most recent position first. Explain any gaps in employment of more than 12 months, during the previous 10-year period).**

1. Name of Employer		Address	No.	Street	City
Type of Business		Phone #		Your Position	

Duties

Name and Position of Immediate Supervisor

Date Employed (Month, Day, Yr)	Date Left (Month, Day, Yr)	Starting Salary	Final Salary
--------------------------------	----------------------------	-----------------	--------------

Reason for leaving

2. Name of Employer		Address	No.	Street	City
Type of Business		Phone #		Your Position	

Duties

Name and Position of Immediate Supervisor

Date Employed (Month, Day, Yr)	Date Left (Month, Day, Yr)	Starting Salary	Final Salary
--------------------------------	----------------------------	-----------------	--------------

Reason for leaving

3. Name of Employer		Address	No.	Street	City
Type of Business		Phone #		Your Position	

Duties

Name and Position of Immediate Supervisor

Date Employed (Month, Day, Yr)	Date Left (Month, Day, Yr)	Starting Salary	Final Salary
--------------------------------	----------------------------	-----------------	--------------

Reason for leaving

4. Name of Employer		Address	No.	Street	City
Type of Business		Phone #		Your Position	

Duties

Name and Position of Immediate Supervisor

Date Employed (Month, Day, Yr)	Date Left (Month, Day, Yr)	Starting Salary	Final Salary
--------------------------------	----------------------------	-----------------	--------------

Reason for leaving

MAY WE ASK YOUR PRESENT EMPLOYER FOR A REFERENCE?  YES  NO

HOW MANY HOURS OF SICK LEAVE HAVE YOU TAKEN IN THE PAST YEAR? 0-40 \_\_\_\_\_ 40-80 \_\_\_\_\_ MORE THAN 80 \_\_\_\_\_

HOW DID YOU HEAR ABOUT THIS JOB? Newspaper \_\_\_\_\_ Job Service \_\_\_\_\_ Friend \_\_\_\_\_ Web Site \_\_\_\_\_ Other \_\_\_\_\_

**REFERENCES (Please do not list relatives or former employers)**

Name	Occupation	Address	Phone Number

Military Service

Other interest or hobbies:

Special talents:

**We appreciate your interest in seeking employment with us – please feel free to make any additional remarks in the space provided below or attach any additional information that would be helpful in evaluating your qualifications.**

**Additional Remarks**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please Read Carefully Before Signing**

I hereby certify that all information submitted in this application is true and complete and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment with Sheridan County Airport may be terminated.

If employed, I agree to conform to the airport's rules and regulations and to authorize the airport to conduct a criminal history background check, to participate in the airports random drug and alcohol program and I will be required to pass a physical examination prior to employment and my employment depends on the outcome of all three programs.

If employed, I agree that all material created and produced whether in written, graphic, or broadcasting form, all inventions new or changes in processes developed during my employment are the exclusive property of Sheridan County Airport and that subsequent to my employment with the Sheridan County Airport I will not disclose, use, or reveal any confidential information related to the Sheridan County Airport without first obtaining written consent from the Airport Manager.

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

I consent to the Sheridan County Airport obtaining such personal and job-related information as required in connection with this application for employment.

I have read, understand, and consent to the above statements by my signature.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant