

**SWEETWATER
COUNTY LIBRARY
SYSTEM**

300 N. 1st East
Green River, WY 82935

Phone: (307)-872-3200
Fax: (307)-872-3249

Sweetwater County Library System

Application for Employment
An Equal Opportunity Employer M/F/H/V

DATE OF APPLICATION _____

Please complete all items thoroughly and legibly on an **original** application blank; photocopied applications **not** accepted. Please **do not** substitute a resumé for **any** section of this application.

CONTACT INFORMATION

NAME _____
Last First Middle

ADDRESS _____
Street City State Zip Code

TELEPHONE NUMBER (____) _____ - _____ SOCIAL SECURITY NO. _____ - _____

EMPLOYMENT INTERESTS

POSITION(S) APPLIED FOR _____

AVAILABILITY

Are you related to anyone currently employed by the Sweetwater County Library System? Yes No

If yes, please explain. _____

Are you legally eligible for employment in this country? Yes No
(Proof of eligibility will be required upon employment.)

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

Are you presently employed? Yes No Date available for work: _____

Are you available to work nights and weekends? Yes No

Are you available to work: Full Time Part Time Temporary

Available for travel as needed? Yes No

Driver's License Number (if required by job) _____ State _____ Class (Type) _____
(For Driver positions only, a copy of your current motor vehicle record **and** a list of your traffic violations for the past three years **must** be attached.)

Are you bondable? (Answer only for those positions requiring bonding.) Yes No

Have you been convicted of a felony within the past seven years? Yes No
(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please explain _____

EMPLOYMENT HISTORY Beginning with your **present or last job**, please provide the following information about your employment record. If additional space is needed, please continue with the same format on a separate sheet of paper. Explain any gaps in employment in the "APPLICANT'S NOTES ON EMPLOYMENT" section that follows. Please complete thoroughly and **do not** substitute resumé for this section.

1	Name and Address of Employer and Type of Business	From		To		Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Your Job Title and Description of Work You Performed:							
Telephone									

2	Name and Address of Employer and Type of Business	From		To		Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Your Job Title and Description of Work You Performed:							
Telephone									

3	Name and Address of Employer and Type of Business	From		To		Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Your Job Title and Description of Work You Performed:							
Telephone									

4	Name and Address of Employer and Type of Business	From		To		Beginning Pay/Yr.	Ending Pay/Yr.	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		Your Job Title and Description of Work You Performed:							
Telephone									

We will check references with the employers you have listed unless you indicate those you do not want us to contact.

DO NOT CONTACT Employer Number(s) _____
Reason: _____

APPLICANT DATA SURVEY

VOLUNTARY - (For statistical use only)

As an Equal Opportunity Employer, the Sweetwater County Library System complies with applicable EEO regulations. We consider all applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job-related disability, or any other legally protected status.

The purpose for this Data Survey is to compile gender, ethnicity, disability and veteran status of all applicants for equal employment opportunity purposes. If an applicant elects not to respond to this questionnaire, his/her individual EEO categories will be based on the best information available. This data is **not** part of your official application for employment. It is considered confidential information that will **not** be used in any hiring decision.

NAME _____
Last First Middle

POSITION(S) APPLIED FOR _____ DATE _____

Name of organization or person who referred you _____

Your association or relationship to referral source _____

Check One: Male Female

Date of Birth: _____
Month Day Year

Please check one of the following EEO categories:

- (1) Black (Non-Hispanic)
- (2) Hispanic
- (3) Asian, Indian or Pacific Islander
- (4) American Indian/Alaskan Native
- (5) White (Non-Hispanic)
- (6) Other (please specify) _____

Disabled Person* Yes No

***ADA Definition of Disabled Person:** Any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment. "Major life activities" means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

Please check one of the following Veteran categories:

- Vietnam Era Veteran
- Other Protected Veteran
- Special Disabled Veteran
- Recently Separated Veteran

Vietnam Era Veteran: (1) Served in the military, ground, naval or air service of the United States on active duty for a period of more than 180 days, and was discharged or released with other than a dishonorable discharge, if any part of such active duty occurred: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964 and May 7, 1975 in all other cases; or (2) Was discharged or released from active duty for a service connected disability if any part of such active duty was performed: (I) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (II) between August 5, 1964, and May 7, 1975, in all other cases.

Special Disabled Veteran means (1) A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability (i) rated at 30 percent or more, or (ii) rated at 10 or 20 percent if it has been determined that the individual has a serious employment disability; or (2) A veteran who was discharged or released from active duty because of a service-connected disability.

Other Protected Veteran includes 1) veterans who served in a "war." Since the last declaration of war issued by Congress initiated World War II, veterans with active duty service between December 17, 1941 and April 2, 1952 are considered veterans of World War II; and 2) those veterans who served in a campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.

Recently Separated Veteran includes veterans who have been discharged or released from active duty within a one-year period. The Workforce Investment Act defines recently separated veterans as any veteran who applies for participation under the Veterans Workforce Investment Act training within 48 months after the discharge or release from active military, naval, or air service.

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