



Board of Public Utilities

Cheyenne Water and Sewer Departments

2416 Snyder Avenue
Cheyenne, Wyoming 82001
(307) 637-6460
www.cheyennebopu.org

Mission Statement

Sustain Cheyenne's essential water resources to realize our community's potential.

APPLICATION FOR EMPLOYMENT

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT OR TYPE**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job applied for: _____ Today's date: _____
Are you seeking Full-time Part-time Temporary employment?

When could you start work? _____

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip Code

Are you 18 years of age or older? Yes No (If you are hired, you may be required to submit proof of age.)

If hired, you will be required to furnish proof you are eligible to work in the U.S.

Have you ever been employed by the BOPU? Yes No If yes, when? _____

Are you related to anyone employed by BOPU? Yes No If yes, who? _____

Have you reviewed the job description for the position you are applying for? Yes No

Can you perform the essential functions of the position with or without reasonable accommodation and without posing a direct threat to the safety of yourself or others? Yes No

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest."

Include Driving Under the Influence (DUIs).

Exclude minor traffic violations. Yes No

(A conviction will not necessarily disqualify an applicant for employment.)

If yes, give details here or on a separate sheet: _____

If employed, do you expect to be engaged in any additional business or outside employment? Yes No

If yes, give details: _____

Education

	List Name and Address of Schools	Number of Years Completed	Diploma/Degree/Certificate
High School / GED			
College / University			
Subjects Studied			
Vocational / Technical			
Subjects Studied			

Special Skills

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

Do you have a valid driver's license?.....Yes No

Driver's License Number: _____ Class of License: _____ State Licensed In: _____

Have you had your driver's license suspended or revoked in the last three years?.....Yes No

If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability, genetic information or other protected status.)

Employment History

List names of employers in consecutive order with present or last employer listed first. Include at least ten years of employment history. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and provide business references. Use additional sheets if necessary.

Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer	Supervisor(s)	
Address	Employed From (mo/yr)	To (mo/yr)
City, State, Zip Code	Pay Start \$	Final \$
Telephone ()		
Title	Reason for Leaving	
Duties		
Name of Employer	Supervisor(s)	
Address	Employed From (mo/yr)	To (mo/yr)
City, State, Zip Code	Pay Start \$	Final \$
Telephone ()		
Title	Reason for Leaving	
Duties		
Name of Employer	Supervisor(s)	
Address	Employed From (mo/yr)	To (mo/yr)
City, State, Zip Code	Pay Start \$	Final \$
Telephone ()		
Title	Reason for Leaving	
Duties		
Name of Employer	Supervisor(s)	
Address	Employed From (mo/yr)	To (mo/yr)
City, State, Zip Code	Pay Start \$	Final \$
Telephone ()		
Title	Reason for Leaving	
Duties		

References

Have you worked or attended school under any other names?.....Yes No

If yes, give names: _____

Are you presently employed?Yes No

If yes, may we contact your current employer?Yes No

If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign?.....Yes No

If yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	Phone

An Equal Opportunity Employer

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

Affidavit, Consent and Release

Please read each statement carefully before signing.

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-employment and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment, it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand that job offers are contingent on acceptable references, criminal background checks, driver's record check, drug screen (if applicable) and other relevant information.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT. IF EMPLOYED, I UNDERSTAND THAT THERE IS A SIX-MONTH INTRODUCTORY PERIOD AND DURING THIS TIME MY EMPLOYMENT CAN BE TERMINATED WITH OR WITHOUT REASON, OR WITH OR WITHOUT NOTICE.

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

Signature: _____ Date: _____ This application will remain active for this
position only.

If you are interested in another position, please complete a new application.

The Board is proud to be drug-free and smoke-free.