



# TOWN OF RANCHESTER, WYOMING

## HUMAN RESOURCES DEPARTMENT

**Office Use Only**  
Received: \_\_\_\_\_

(Please use this address for mailing)  
PO Box 695 Ranchester, WY 82839

Phone: (307) 655-2283

Email: [townclerk@ranchesterwyoming.com](mailto:townclerk@ranchesterwyoming.com)

### APPLICATION FOR EMPLOYMENT

*You may attach a resume that will become part of this application.*

<b>GENERAL INFORMATION</b>	Date _____ 20____
Position Desired: _____	
Name: _____	
(Last)	(First)
(Middle)	
Address: _____	
(Street)	(City)
(State)	(Zip)
Phone #: _____	Cell #: _____
Email Address: _____	

<b>EDUCATION &amp; TRAINING</b>	
Circle highest grade completed: 7 8 9 10 11 12 or GED	College: 1 2 3 4 5 6
Name and Location of last Elementary or High School Attended: _____	

Name & Location of College, and/or Vocational Schools Attended	Dates Attended		Course of Study	Graduate?		Degree or Certificate
	From	To		Yes	No	

List any apprenticeships, internships, trade schools and/or military schools, completed or not:

Name of School or Apprenticeship	Dates Attended		Employee and Address	Graduate?		Type of Training
	From	To		Yes	No	

Please list any additional training, scholastic honors, or noteworthy achievements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SKILLS AND CERTIFICATIONS**

List all equipment/machines you can operate and the years of experience you have had with each.

Equipment / Machine	Years of Experience

Typing	_____ (WPM)	Computer	_____ (Years)
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Other Skills:	Years

Licenses or Certifications Held:	Expiration (if applicable)

**EMPLOYMENT DATA**

List all experience starting with present or most recent employer first.

***Most Recent or Present Employer***

Name of Employer	_____	From	_____	To	_____
Address	_____				
Phone Number	_____	Your Title	_____		
Salary/Monthly or Hourly	Beginning	_____	Ending	_____	
Describe in detail your duties and responsibilities:					
Number and kind of employees you supervised if applicable: _____					
Your Supervisor	_____	May We Contact	Yes	<input type="checkbox"/>	No
Reason for Leaving	_____				

***Next Previous Employer***

Name of Employer	_____	From	_____	To	_____
Address	_____				
Phone Number	_____	Your Title	_____		
Salary/Monthly or Hourly	Beginning	_____	Ending	_____	
Describe in detail your duties and responsibilities:					

Number and kind of employees you supervised if applicable:			
Your Supervisor		May We Contact	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for Leaving			

<b><u>Next Previous Employer</u></b>			
Name of Employer		From	To
Address			
Phone Number		Your Title	
Salary/Monthly or Hourly	Beginning	Ending	
Describe in detail your duties and responsibilities:			
Number and kind of employees you supervised if applicable:			
Your Supervisor		May We Contact	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for Leaving			

<b><u>Next Previous Employer</u></b>			
Name of Employer		From	To
Address			
Phone Number		Your Title	
Salary/Monthly or Hourly	Beginning	Ending	
Describe in detail your duties and responsibilities:			
Number and kind of employees you supervised if applicable:			
Your Supervisor		May We Contact	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for Leaving			

<b><u>Next Previous Employer</u></b>			
Name of Employer		From	To
Address			
Phone Number		Your Title	
Salary/Monthly or Hourly	Beginning	Ending	
Describe in detail your duties and responsibilities:			
Number and kind of employees you supervised if applicable:			
Your Supervisor		May We Contact	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for Leaving			

**Next Previous Employer**

Name of Employer		From		To	
Address					
Phone Number		Your Title			
Salary/Monthly or Hourly	Beginning	Ending			
Describe in detail your duties and responsibilities:					
Number and kind of employees you supervised					
Your Supervisor		May We Contact	Yes	<input type="checkbox"/>	No
Reason for Leaving					

**REFERENCES**

List those that know of your abilities. **Please list at least two professional/work references.**

Name	Occupation	Relationship	City	State	Phone

Do you have relatives who work for the Town of Ranchester?      Yes                  No

If so, whom: \_\_\_\_\_

**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 will be required to successfully pass a drug screening examination. I hereby consent to a pre- 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 medication information as it may be deemed necessary to judge my capability to do the work for which I am applying.

I promise, as a condition of employment, that within three days of starting work I will submit to the HR Department verification of my U.S. employment eligibility, as required by law, on INS Form I-9, or its successor form.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**DISCLOSURE FOR CONSUMER REPORTS**

In connection with my application for employment (including contract or volunteer services) with TOWN OF RANCHESTER I understand consumer reports and/or investigative consumer reports will be requested by Company and its Agency. These reports may contain information about your character, general reputation, personal characteristics and mode of living. These reports may include, but are not limited to, credit reports and credit history information; criminal, civil and other public records and history; public court records (e.g., bankruptcies, tax liens and judgements); motor vehicle and driving records; educational and employment history, including professional disciplinary actions; drug/alcohol test results; and social security verification and address history, subject to any limitations imposed by applicable federal and state law. This information may be obtained from public record and private sources, including credit bureaus, government agencies and judicial records, former employers and educational institutions, and other sources.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights by signing this form.

Printed Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

### **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.**

Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

### **Consumers Have the Right To Obtain A Security Freeze**

Pursuant to Title III of the “Economic Growth, Regulatory Relief, and Consumer Protection Act” (PL No. 115-174), you have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization. The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

To place a security freeze or fraud alert on your credit report please contact the following consumer reporting agencies:

#### **Equifax**

[https://www.freeze.equifax.com/Freeze/jsp/SFF\\_PersonalIDInfo.jsp](https://www.freeze.equifax.com/Freeze/jsp/SFF_PersonalIDInfo.jsp)  
[https://www.alerts.equifax.com/AutoFraud\\_Online/jsp/fraudAlert.jsp](https://www.alerts.equifax.com/AutoFraud_Online/jsp/fraudAlert.jsp)

#### **Experian**

<https://www.experian.com/freeze/center.html>  
<https://www.experian.com/fraud/center.html>

#### **TransUnion**

<https://www.transunion.com/credit-freeze/credit-freeze-faq.page>  
<https://www.transunion.com/fraud-victim-resource/place-fraud-alert>

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:**

**TYPE OF BUSINESS:**

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

d. Federal Credit Unions

3. Air carriers

4. Creditors Subject to Surface Transportation Board

5. Creditors Subject to Packers and Stockyards Act, 1921

6. Small Business Investment Companies

7. Brokers and Dealers

8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above

**CONTACT:**

a. Consumer Financial Protection Bureau  
1700 G Street NW  
Washington, DC 20552

b. Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357

a. Office of the Comptroller of the Currency  
Customer Assistance Group  
1301 McKinney Street, Suite 3450  
Houston, TX 77010-9050

b. Federal Reserve Consumer Help Center  
P.O. Box 1200  
Minneapolis, MN 55480

c. FDIC Consumer Response Center  
1100 Walnut Street, Box #11  
Kansas City, MO 64106

d. National Credit Union Administration  
Office of Consumer Protection (OCP)  
Division of Consumer Compliance and Outreach (DCCO)  
1775 Duke Street  
Alexandria, VA 22314

Asst. General Counsel for Aviation Enforcement & Proceedings  
Aviation Consumer Protection Division  
Department of Transportation  
1200 New Jersey Avenue, SE  
Washington, DC 20590  
Office of Proceedings, Surface Transportation Board  
Department of Transportation  
395 E Street S.W.  
Washington, DC 20423

Nearest Packers and Stockyards Administration area supervisor

Associate Deputy Administrator for Capital Access  
United States Small Business Administration  
409 Third Street, SW, 8th Floor  
Washington, DC 20416  
Securities and Exchange Commission  
100 F St NE  
Washington, DC 20549  
Farm Credit Administration  
1501 Farm Credit Drive  
McLean, VA 22102-5090  
FTC Regional Office for region in which the creditor operates or  
Federal Trade Commission: Consumer Response Center – FCRA  
Washington, DC 20580  
(877) 382-4357



**Please detach and keep for your records.**

## APPLICANT INFORMATION FORM

**NOTICE:** IF EXTENDED A CONDITIONAL OFFER OF EMPLOYMENT, APPLICANTS WILL BE REQUIRED TO PRESENT THE PROPER DOCUMENTS BEFORE EMPLOYMENT. APPLICANTS WHO DO NOT PRESENT THE PROPER DOCUMENTS CANNOT BE HIRED.

**As a condition of employment with the Town of Rancheater, successful applicants will be asked to present one selection from List A or a combination of one selection from List B and one selection from List C before being hired:**

<u>List A</u> Documents that Establish Both Identity and Employment Authorization	<u>List B</u> Documents that Establish Identity	<u>List C</u> Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State ( Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.	5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		<b>For persons under age 18 who are unable to present a document listed above:</b>
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association between the United States and the FSM or RMI	12. Day-care or nursery school record	8. Employment authorization document issued by the Department of Homeland Security

This information is a representation of the information presented in the Form I-9 for employment.