



Application for Employment

Bobcat of the Big Horn Basin, Inc. is an Equal Employment Opportunity and Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions, or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.")

Position Applying For:		Name (Last, First, Middle):	
Street Address:		City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:	
If required for position, do you have a valid CDL? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you learn about this employment opportunity? Check all that apply: <input type="checkbox"/> Ad in <i>newspaper</i>			
<input type="checkbox"/> Website	<input type="checkbox"/> Referral by employee	<input type="checkbox"/> Other:	

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

WORK EXPERIENCE-Please detail, at a minimum, your last three employers. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Please explain any gaps in employment. **PLEASE DO NOT** complete this information with the notation "See Resume." **ALSO NOTE:** Bobcat of the Big Horn Basin, Inc. reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To:	Organization Name and Address:	
Starting Salary:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
Final Salary:	If part-time, # hrs./wk: <input type="checkbox"/>	
Supervisor's Name, Title and Phone #:		Reason for Leaving:
Primary duties:		

Dates Employed (most recent position) From: To:	Organization Name and Address:	
Starting Salary:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
Final Salary:	If part-time, # hrs./wk: <input type="checkbox"/>	
Supervisor's Name, Title and Phone #:		Reason for Leaving:
Primary duties:		

Dates Employed (most recent position) From: To:	Organization Name and Address:	
Starting Salary:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time	Title:
Final Salary:	If part-time, # hrs./wk: <input type="checkbox"/>	
Supervisor's Name, Title and Phone #:		Reason for Leaving:
Primary duties:		

SKILLS: Please list technical skills including certifications obtained, trouble-shooting abilities and specialty training applicable to hydraulics and electrical. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

REFERENCES: Please provide three professional references.

Name	Address	Phone Number

PROFESSIONAL AND CIVIC POSITIONS HELD

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Bobcat of the Big Horn Basin, Inc. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Bobcat of the Big Horn Basin, Inc. serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law.

Applicant Signature: _____

Date: _____

Please submit completed application to:
 P.O. Box 2804 (mailing)
 1923 Big Horn Ave. (drop off)
 Cody, WY 82414

ADDITIONAL WORK EXPERIENCE

Dates Employed (most recent position) From: To:		Organization Name and Address:	
Starting Salary:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:	
Final Salary:			
Supervisor's Name, Title and Phone #:		Reason for Leaving:	
Primary duties:			

Dates Employed (most recent position) From: To:		Organization Name and Address:	
Starting Salary:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:	
Final Salary:			
Supervisor's Name, Title and Phone #:		Reason for Leaving:	
Primary duties:			

Dates Employed (most recent position) From: To:		Organization Name and Address:	
Starting Salary:	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:	
Final Salary:			
Supervisor's Name, Title and Phone #:		Reason for Leaving:	
Primary duties:			