



# CARBON COUNTY WEED & PEST

1301 Bonanza Street, P.O. Box 1126, Rawlins, WY 82301

Main Office: (307) 324-6584 | [www.carboncountyweed.com](http://www.carboncountyweed.com)

## EMPLOYMENT APPLICATION

### (URBAN TREATMENT CREW LEAD)

**Position Applied for: Seasonal Part Time Urban Treatment Crew Lead-Sprayer Operator (Truck & ATV); including backpack spraying noxious weeds, and/or chopping and pulling weeds, baiting, tree removal, shop maintenance, etc.**

(Please type or print in ink)

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (Only if Hired)

Driver's License Number: \_\_\_\_\_

Date of Birth: (mm/dd/yyyy) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

In case of emergency contact information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Date available for work: \_\_\_\_\_

I am seeking temporary work until: \_\_\_\_\_

Available to work overtime? YES NO

Activities to prevent working overtime: \_\_\_\_\_

Supervisor: (307) 320-8001 | Assistant Supervisor: (307) 320-8201 | Baggs Office: (307) 383-2228

Do you have training and/or experience in the control of noxious weeds, handling pesticides?

YES      NO

Explain:

Do you have training and/or experience in driving:

4-wheel drive vehicles? \_\_\_\_\_

ATV's on right of ways and/or on rough terrain? \_\_\_\_\_

An insurable driving record is required for employment. Are you willing to provide such record (if accessible) upon request?    YES      NO

Do you have a Commercial Pesticide Applicator's License?    YES      NO

State: \_\_\_\_\_ License No: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Categories: \_\_\_\_\_

Do you have a High School Diploma or GED Certificate YES      NO

College: \_\_\_\_\_ Years completed: \_\_\_\_\_

Field of Study: \_\_\_\_\_

**References: List two personal references who are not relatives or former supervisors.**

Name, Address, Occupation, Years Known

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

List other Job-related special qualifications and skills, including skills with shop machinery:

**Work history: List Jobs in reverse order starting with your present or last job. List your entire work history including volunteer, part-time, temporary, and self-employment jobs. List section must be accurate and complete.**

Employer: \_\_\_\_\_

Phone Number: (\_\_\_\_\_)\_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: (mm/yy) \_\_\_\_\_ To: (mm/yy) \_\_\_\_\_

Hours per week \_\_\_\_\_ Your title \_\_\_\_\_

Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Supervisor: \_\_\_\_\_

May we contact? YES NO

Number and type of employees supervised: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Duties:

Employer: \_\_\_\_\_

Phone Number: (\_\_\_\_\_)\_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: (mm/yy) \_\_\_\_\_ To: (mm/yy) \_\_\_\_\_

Hours per week \_\_\_\_\_ Your title \_\_\_\_\_

Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Supervisor: \_\_\_\_\_

May we contact? YES NO

Number and type of employees supervised: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Duties:

Employer: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: (mm/yy) \_\_\_\_\_ To: (mm/yy) \_\_\_\_\_

Hours per week \_\_\_\_\_ Your title \_\_\_\_\_

Last Salary \$ \_\_\_\_\_ per \_\_\_\_\_ Supervisor: \_\_\_\_\_

May we contact? YES NO

Number and type of employees supervised: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Duties:

**\*\*NOTICE: SUCCESSFUL APPLICANTS WILL BE REQUIRED TO SHOW PROOF THAT THEY ARE ELIGIBLE TO WORK IN THE UNITED STATES UNDER U.S. IMMIGRATION LAW\*\*\***

I certify that all information contained on this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentations or falsification may result in removal from employment consideration or dismissal. I give the district and its authorized agents permission to verify any job-related information given in connection with this application.

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

Date \_\_\_\_\_

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