



CARBON COUNTY WEED & PEST

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

Main Office: (307) 324-6584 | www.carboncountyweed.com

EMPLOYMENT APPLICATION

(SEASONAL PART-TIME)

Position Applied for: Seasonal Part Time Sprayer Operator (Truck & ATV); including backpack spraying noxious weeds, and/or chopping and pulling weeds, shop maintenance, etc.

(Please type or print in ink)

Name _____

Social Security Number _____ (Only if Hired)

Driver's License Number _____

Date of birth _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone No. _____ Cell Phone No. _____ Work _____

Email Address _____

In case of emergency contact information:

Name _____ Relationship _____

Home Phone No. _____ Cell Phone No. _____ Work _____

Date available for work _____

I am seeking temporary work until _____

Available to work overtime? _____

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 or 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? _____

Do you have a Commercial Pesticide Applicator's License? _____

State _____ License No _____ Expiration Date _____

Catetories _____

Do you have a High School Diploma or GED Certificate _____ High School _____

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, include skills with shop machines.

****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 _____

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: _____

Telephone No. _____

Address: _____ City _____ State _____ Zip _____

From: MO/YR _____ To: MO/YR _____

Hours per week _____ Your title _____

Last Salary \$ _____ per _____ Supervisor _____

May we contact? YES NO Phone _____

No and type of employees supervised: _____

Reason for leaving _____

Duties: _____

Employer: _____

Telephone #: _____

Address: _____ City _____ State _____ Zip _____

From: MO/YR _____ To: MO/YR _____

Hours per week _____ Your title _____

Last Salary \$ _____ per _____ Supervisor _____

May we contact? YES NO Phone _____

No and type of employees supervised: _____

Reason for leaving _____

Duties: _____

Employer: _____

Telephone No. _____

Address: _____ City _____ State _____ Zip _____

From: MO/YR _____ To: MO/YR _____

Hours per week _____ Your title _____

Last Salary \$ _____ per _____ Supervisor _____

May we contact? YES NO Phone _____

No and type of employees supervised : _____

Reason for leaving _____

Duties: _____

