



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 FULL-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: (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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