



WYOMING JUDICIAL BRANCH AT-WILL EMPLOYMENT APPLICATION

AN EEO/ADA EMPLOYER
Website: <http://www.courts.state.wy.us/>

Unless otherwise instructed
return to:
Wyoming Supreme Court
Human Resources
2301 Capitol Avenue
Cheyenne, WY 82002
Fax# (307) 777-3447

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|---|--|--------------------------|--|----------------------|------------|---------------------------|--|-----------------|---------------|----------------|
| 1. OFFICIAL JOB TITLE APPLIED FOR AS STATED ON AT-WILL ANNOUNCEMENT | | | | | | | | OFFICE USE ONLY | | |
| 2. LAST NAME | | FIRST NAME | | MIDDLE INITIAL | | 3. SOCIAL SECURITY NUMBER | | | | |
| 4. MAILING ADDRESS | | | | CITY | | STATE ZIP | | | | |
| HOME PHONE NO. | | DAY OR MESSAGE PHONE NO. | | DRIVER'S LICENSE NO. | | STATE TYPE | | | | |
| 8. COURT LOCATION PREFERENCE: IF YOU ARE WILLING TO WORK ANYWHERE IN THE STATE, PUT IN STATEWIDE; OTHERWISE WRITE IN UP TO FIVE LOCATIONS. | | | | | | | | | | |
| 9. CHECK TYPE OF APPOINTMENT YOU WOULD ACCEPT. FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> | | | | | | | | | | |
| 10. ARE YOU PRESENTLY EMPLOYED BY THE STATE OF WYOMING? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES" SPECIFY AGENCY: | | | | | | | | | | |
| 11. DO YOU HAVE ANY RELATIVES EMPLOYED BY THE STATE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES," SPECIFY AGENCY AND RELATIONSHIP: | | | | | | | | | | |
| 12. IF YOU ARE UNDER 19 YEARS OF AGE, GIVE BIRTHDATE: | | | | | | | | | | |
| 13. DATE AVAILABLE FOR WORK: | | | | | | | | | | |
| 14. APPLICATION FOR VETERAN'S PREFERENCE: If you are a United States Armed Forces veteran as defined in W.S. 19-14-102(d)(ii) and you are not currently employed by the State of Wyoming and you have been a resident of the state of Wyoming for one (1) year or more at any time prior to the date you complete this application, or you are a surviving spouse of a United States Armed Forces veteran as defined in W.S. 19-14-102(d)(iii) and you are not currently employed by the State of Wyoming, please fill in the blanks below and provide a copy of your separation document or that of your deceased spouse (DD 214 form). DATES OF SERVICE: _____ TO _____ BRANCH OF SERVICE: _____ TYPE OF DISCHARGE: _____ | | | | | | | | | | |
| 15. IF PREVIOUSLY EMPLOYED BY THE STATE OF WYOMING, SPECIFY WHICH AGENCY AND DATES OF EMPLOYMENT: | | | | | | | | | | |
| 16. IF YOU HAVE BEEN EMPLOYED OR ATTENDED SCHOOL UNDER OTHER NAMES, LIST NAMES AND DATE OF USE: | | | | | | | | | | |
| 17. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE IN A COURT OF LAW? YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES," GIVE DATES, DETAILS AND PENALTIES FOR EACH OCCURRENCE ON AN ATTACHED SHEET OF PAPER. DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS. AN ANSWER OF "YES" TO THIS QUESTION DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. | | | | | | | | | | |
| 18. DO YOU HAVE A H.S. DIPLOMA OR GED CERTIFICATE: YES <input type="checkbox"/> NO <input type="checkbox"/> HIGH SCHOOL / LOCATION: | | | | | | | | | | |
| 19. COLLEGE OR VOCATIONAL SCHOOL AND LOCATION | | DATES FROM TO | | SEM. Hours | Qtr. Hours | MAJOR | | MINOR | DEGREE EARNED | DATE OF DEGREE |
| | | | | | | | | | | |
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| Please provide college and/or vocational school transcripts. | | | | | | | | | | |
| 20. LIST OTHER JOB-RELATED SPECIAL QUALIFICATIONS AND SKILLS. INCLUDE COMPUTER SKILLS, SKILLS WITH MACHINES, TYPING OR SHORTHAND SPEED, MEMBERSHIPS IN PROFESSIONAL ASSOCIATIONS, AWARDS, PUBLICATIONS, LICENSES OR REGISTRATIONS (GIVE NUMBERS AND EXPIRATION DATES), ETC.: | | | | | | | | | | |
| ***NOTICE: SUCCESSFUL APPLICANTS WILL BE REQUIRED TO SHOW PROOF THAT THEY ARE ELIGIBLE TO WORK IN THE UNITED STATES UNDER U.S. IMMIGRATION LAW.*** | | | | | | | | | | |
| 21. I CERTIFY THAT ALL INFORMATION CONTAINED ON THIS AT-WILL APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATIONS OR FALSIFICATIONS MAY RESULT IN REMOVAL FROM EMPLOYMENT CONSIDERATION OR DISMISSAL. I GIVE THE STATE OF WYOMING AND ITS AUTHORIZED AGENTS PERMISSION TO VERIFY ANY JOB-RELATED INFORMATION GIVEN IN CONNECTION WITH THIS AT-WILL APPLICATION. | | | | | | | | | | |
| SIGNATURE OF APPLICANT: _____ | | | | | | | | | | |
| DATE: _____ | | | | | | | | | | |



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WORK HISTORY: LIST JOBS IN REVERSE ORDER STARTING WITH YOUR PRESENT OR LAST JOB. THIS SECTION MUST BE ACCURATE AND COMPLETE. DO NOT SUBSTITUTE A RESUME IN THE PLACE OF THIS APPLICATION OR ANY OF ITS PARTS. IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS IN THE SAME FORMAT INCLUDING YOUR NAME, SOCIAL SECURITY NUMBER AND JOB TITLE APPLIED FOR.

| | | | |
|---|-----------|----------------|---|
| EMPLOYER: | ADDRESS | | |
| FROM: MO/YR. | TO: MO/YR | HOURS PERWEEK: | YOUR TITLE: |
| LAST SALARY: \$ | PER | SUPERVISOR: | MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/> PHONE: |
| NO. & TYPE OF EMPLOYEES YOU SUPERVISED: | | | |
| REASON FOR LEAVING: | | | |
| DUTIES: | | | |

| | | | |
|---|-----------|----------------|---|
| EMPLOYER: | ADDRESS | | |
| FROM: MO/YR. | TO: MO/YR | HOURS PERWEEK: | YOUR TITLE: |
| LAST SALARY: \$ | PER | SUPERVISOR: | MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/> PHONE: |
| NO. & TYPE OF EMPLOYEES YOU SUPERVISED: | | | |
| REASON FOR LEAVING: | | | |
| DUTIES: | | | |

| | | | |
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| NO. & TYPE OF EMPLOYEES YOU SUPERVISED: | | | |
| REASON FOR LEAVING: | | | |
| DUTIES: | | | |