



Wyoming Judicial Branch

At-Will Employment Application

An EEO/ADA Employer

Instructions

If you require special accommodations to complete this application, call (307) 777-7629

- Application form must be typed or printed legibly using black or blue ink.
- An application will be accepted only for current advertised vacancies and must be received by the closing date posted in the advertisement, if indicated.
- An application must be submitted for each advertised vacancy.
- Incomplete or illegible applications will not be processed.
- Give complete employment information on application. Attach additional sheets if necessary.
- If the position you are applying for requires a degree, be prepared to provide official transcripts upon request.
- If you have military service, a DD-214 is required to determine veteran's preference points. Please submit the DD-214 with your application.
- Applicants must meet the minimum qualifications. Lack of appropriate education, licensure, work experience, or training required for the position will disqualify the applicant.
- Use the job title from the vacancy announcement.
- Sign and date the application and keep a copy for yourself.
- Return completed application to the Judicial entity specified in the position announcement.

Use this application to demonstrate how your education, training and experience are relevant to the requirements of the advertised vacancy. How well you complete this application will reflect on your ability to follow directions and communicate in writing.

Job Information

Position Applied for: _____ Today's Date: _____

Applicant Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for the State of Wyoming? YES NO If yes, where? _____

Have you ever been convicted of an offense in a court of law? This does not include minor traffic violations. YES NO

If yes, will this conviction interfere with your suitability for this position? Explain why or why not.

Education

High School: _____	Did you graduate?	YES	NO	
	YES	NO		
College: _____	Did you graduate?			Degree: _____
College: _____	Did you graduate?			Degree: _____
Other: _____	Did you graduate?			Degree: _____
Other: _____	Did you graduate?			Degree: _____

Previous Employment

Describe each position you have held in the past 10 years, including different positions with the same employer and military service. Begin with your current or most recent positions and work backwards. Attach additional sheets as necessary.

Company: _____	Phone: _____
Address: _____	Supervisor: _____
Job Title: _____	Hours per Week: _____
From: _____ To: _____	Reason for Leaving: _____
<small>Month/Year</small>	<small>Month/Year</small>
Responsibilities: _____	

May we contact your previous supervisor? YES NO

Company: _____	Phone: _____
Address: _____	Supervisor: _____
Job Title: _____	Hours per Week: _____
From: _____ To: _____	Reason for Leaving: _____
<small>Month/Year</small>	<small>Month/Year</small>
Responsibilities: _____	

May we contact your previous supervisor? YES NO

Company: _____	Phone: _____
Address: _____	Supervisor: _____
Job Title: _____	Hours per Week: _____
From: _____ To: _____	Reason for Leaving: _____
<small>Month/Year</small>	<small>Month/Year</small>
Responsibilities: _____	

May we contact your previous supervisor? YES NO

Additional Job-Related Qualifications or Skills

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain:

A DD-214 must be included with the application to award military preference.

Professional References

Please list three professional references.

Full Name: _____

Relationship: _____

Company: _____

Phone: _____

E-Mail: _____

Full Name: _____

Relationship: _____

Company: _____

Phone: _____

E-Mail: _____

Full Name: _____

Relationship: _____

Company: _____

Phone: _____

E-Mail: _____

Acknowledgement and Authorization for Release of Information

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 from employment. 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.

I certify that I can perform the essential functions of the position for which I am applying, with or without reasonable accommodation.

I authorize any persons or organizations referenced in this application to give the State of Wyoming Judicial Branch any and all information concerning my previous employment, education, or any other pertinent information they might have, personal or otherwise, with regard to any of the subjects covered in this application, unless otherwise indicated in this application.

Should I be selected as a final candidate, I hereby authorize the courts to conduct a background check which may include but is not limited to references, employment records, criminal convictions, and any other relevant record. I further authorize the State of Wyoming Judicial Branch to request criminal history record information, when applicable, about me from criminal justice agencies for determining my eligibility for employment and other purposes authorized by law. I understand that such background checks will be made only upon final selection for hire and that all information will be kept confidential and released only to authorized individuals.

I release any individual and all such parties from all liability for any damages which may result from furnishing such information to the State of Wyoming Judicial Branch. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies, scans, or facsimiles of this authorization that show my signature are as valid as the original release signed by me.

I understand that once my application is submitted it becomes a matter of public record.

Carefully read this acknowledgment and authorization to release information about you, then sign and date.

Signature: _____ Date: _____

Printed Name of Applicant: _____