



Employment Application

Western Archaeological Services

RETURN APPLICATION TO:

Western Archaeological Services, 1600 Dewar Drive, Rock Springs, WY 82901

Position for which you are making application	E-mail Address:
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PERSONAL

Name (Last, First, Middle)	Social Security Number
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Present Mailing Address	
Street or P.O. Box #	
City, State, Zip	

Length of time at present address	Home Phone
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Previous Address	
Street or P.O. Box #	
City, State, Zip	

Length of time at previous address	If selected, on what date would you be available for work?
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Are you a citizen of the United States? Yes No
If not, have you the legal right to remain permanently in the United States? Yes No

Have you been convicted of a serious crime within the last five years which is substantially related to the responsibilities of the position for which you are making application? Yes No If yes, please explain:

Have you ever been disciplined or discharged for theft, unauthorized removal of company property or related offenses? Yes No If yes, please explain:

Have you ever been disciplined or discharged for fighting, assault or related offenses? Yes No If yes, please explain:

Have you every been disciplined or discharged for insubordination? Yes No If yes, please explain:

Have you ever been disciplined for violating a safety rule(s)? Yes No If yes, please explain:

Have you every been disciplined or discharged for sexual harassment? Yes No If yes, please explain:

WORK EXPERIENCE

List most recent position first. Fill out completely; do not indicate "refer to resume."

NAME AND LOCATION OF EMPLOYER			
Dates Employed		Salary	
From	To	Beginning	Current
Supervisor Name, Title and Phone			
Occupation/Nature of Duties			
<input type="radio"/> Full-time	Reason for Leaving		
<input type="radio"/> Part-time			
NAME AND LOCATION OF EMPLOYER			
Dates Employed		Salary	
From	To	Beginning	Ending
Supervisor Name, Title and Phone			
Occupation/Nature of Duties			
<input type="radio"/> Full-time	Reason for Leaving		
<input type="radio"/> Part-time			
NAME AND LOCATION OF EMPLOYER			
Dates Employed		Salary	
From	To	Beginning	Ending
Supervisor Name, Title and Phone			
Occupation/Nature of Duties			
<input type="radio"/> Full-time	Reason for Leaving		
<input type="radio"/> Part-time			
NAME AND LOCATION OF EMPLOYER			
Dates Employed		Salary	
From	To	Beginning	Ending
Supervisor Name, Title and Phone			
Occupation/Nature of Duties			
<input type="radio"/> Full-time	Reason for Leaving		
<input type="radio"/> Part-time			

May we contact all employers listed above? Yes No

If not, indicate which one(s) you do not wish us to contact:

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EDUCATION

School	Name and Location	Major	Circle Last Year Completed	Did You Graduate?	Diploma/Degree
High School			1 2 3 4		
Vocational School			Length of Time:		
College			1 2 3 4 5 6 7 8		
Other			Length of Time:		

Specify any skills you possess which will assist you in the position for which you have made application:

Specify any licenses, craft cards, certificates, or certifications you possess which are work related:

REFERENCES

Name	Address	Telephone	Occupation	How long has this person known you?

CERTIFICATION

I hereby certify that, to the best of my knowledge and belief, the answers to the foregoing question and statements made by me are complete and true. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize any present employer or supervisor, past employer or supervisor, college, university or other institution of learning, administrator, law enforcement agency, state agency, federal agency, collection agency, credit bureau, private business, military branch or the National Personnel Records Center, personal references, and/or other persons to give records or information they may have concerning my employment, worker's compensation claims, criminal history, motor vehicle history, earnings history, health, character and employment records or any other information requested to WESTERN ARCHAEOLOGICAL SERVICES, INC. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid one year from the date signed and as valid as the original

Signature of Applicant	Date
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