LARAMIE 1868	**City of Laramie, Wyoming** **Application for Employment** Human Resources Division 406 Ivinson Street Laramie, Wyoming 82070 (307) 721-5247	Return To: Laramie Workforce Center 112 South 5th Street Laramie, WY 82070 (307)-742-2153 Fax: (307) 742-4464

Position Applying For: _____ _____

INSTRUCTIONS: Each question should be fully and accurately answered. Please print or type, except for your signature on the back of the application. A separate application must be submitted for each position for which you are applying.

APPLICANT INFORMATION

Name: _____
(as written on your Social Security Card) Last First M.I.

Mailing Address: _____
Street City State ZIP

Telephone: _____
Home Business Message/E-Mail

Date Available for Work: _____

Are you available for: Full Time ☐ Part Time ☐ Temp/Seasonal Employment ☐

Are you a citizen of the United States or authorized to work legally in the U.S.? Yes ☐ No ☐

Are you age 18 or older? Yes ☐ No ☐ If no, indicate date of birth: _____

Do you possess a valid driver's license Yes ☐ No ☐ If yes, indicate Class: _____

Driver's License Number: _____ State: _____ Expiration Date: _____

Do you have a current Commercial Driver's License (CDL)? Yes ☐ No ☐

If you have a CDL, check appropriate box(s): Class A ☐ Class B ☐ Endorsement: _____

Have you ever had your driver's license suspended? Yes ☐ No ☐

List any accidents or moving violations incurred during the past 36 months.

Type	Date	Ticket Received
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The following criteria will exclude prospective candidates from operation of City vehicles:

A. Three (3) or more moving violations or at-fault accidents within the previous 36 months (two separate, individual incidents).
B. Two (2) or more moving violations or at-fault accidents within the previous 12 months (two separate, individual incidents).
C. An Administrative Suspension of a driver's license: conviction or any form of deferred prosecution qualified by State statute, or as amended within the previous 36 months, including, but not limited to:
   * Driving under the influence of drugs or alcohol
   * Leaving the scene of an accident
   * Fleeing to avoid arrest
   * Reckless Driving
   * Homicide or assault by motor vehicle
   * Driving without auto insurance

I understand that my insurability will be verified and I may not be eligible for employment in a driving essential position or, if employed, I may be terminated because I am uninsurable.

Have you worked for the City of Laramie before? Yes ☐ No ☐
If yes, list the department: _____ Job Title: _____
Approximate dates of employment: From _____ To _____

Do you have any relatives currently working for the City of Laramie? Yes ☐ No ☐
If yes, indicate their name and your relationship: _____
_____

Have you served in the United States Armed Forces? Yes ☐ No☐
If yes, list dates of service: From _____To _____Branch of Service:_____

Have you ever been convicted of a crime (other than a minor traffic offense that resulted only in a fine)?
Yes☐ No ☐

If yes, please state the crime(s) you were convicted of and explain the date, location, nature, and facts surrounding each conviction. A conviction is not an absolute bar to employment, but is subject to review. Use an additional sheet of paper if necessary.

_____
_____
_____

Essential functions of positions are described in job advertisements/announcements specific to the position vacancy. If you are unable to perform the essential functions of the position for which you are applying, or need a reasonable accommodation in order to apply, please contact the Human Resources Division at (307) 721-5247 for assistance.

EMPLOYMENT HISTORY

Your work experience is an important factor in evaluating your qualifications. Please make certain that you provide complete and accurate information on previous job duties and levels of responsibility. List names of employers in consecutive order with your present or most recent employer listed first. Account for all periods of time including military service, related volunteer experience, as well as any period of unemployment. You may attach a resume in addition to the descriptions that you must write.

CURRENT OR MOST RECENT:

Name of Employer: _____

Type of Business: _____Telephone Number: (___)_____

Employer's Address:_____
Street City State ZIP

Name of Last Supervisor_____May we contact this employer? Yes☐ No ☐

Employed: From_____To_____Salary: Starting_____Ending _____

Job title and description of duties performed: _____
_____
_____
_____
_____
_____

PREVIOUS POSITIONS:

Name of Employer: _____

Type of Business: _____Telephone Number: (___)_____

Employer's Address: _____
Street City State ZIP

Name of Last Supervisor:_____May we contact this employer? Yes☐ No☐

Employed: From_____To_____Salary: Starting_____Ending_____

Job title and description of duties performed: _____
_____
_____
_____
_____
_____

Name of Employer: _____

Type of Business: _____Telephone Number: (___)_____

Employer's Address: _____
Street City State ZIP

Name of Last Supervisor:_____May we contact this employer? Yes☐ No☐

Employed: From_____To_____Salary: Starting_____Ending_____

Job title and description of duties performed: _____
_____
_____
_____
_____
_____

Name of Employer: _____

Type of Business: _____Telephone Number: (___)_____

Employer's Address: _____
Street City State ZIP

Name of Last Supervisor:_____May we contact this employer? Yes☐ No☐

Employed: From_____To_____Salary: Starting_____Ending_____

Job title and description of duties performed: _____
_____
_____
_____
_____
_____

EDUCATION Name, Address and Location of School	Did you graduate?
High School:	
Undergraduate/Technical College or University College Major: Degree:	
Graduate College or University: Graduate Degree:	

Additional Education and/or vocational, technical, or military training information relevant to the position for which you are applying:

_____
_____
_____

Special Skills:

Typing: Yes ☐ No ☐ WPM_____Ten Key: By Touch? Yes ☐ No ☐
Computer: Yes ☐ No ☐ Type_____Software Applications _____
_____

Heavy Equipment (list specific types): _____
_____

Additional information that might qualify you for the position: _____
_____
_____

The City of Laramie is an Equal Opportunity Employer. Applicants are considered for positions for which they have applied without regard to race, religion, sex, age, national origin, disability, and other characteristics protected by law. Per chapter 8.56 in the Municipal Code the City of Laramie is a smoke free workplace.

CERTIFICATION & RELEASE

I certify that all statements made in this application are true and complete. I authorize the City to investigate all statements made as a part of this application and to secure any necessary information from all prior employers, references, academic institutions, law enforcement agencies, other persons and entities, and public records. I hereby release all such persons, entities, employers, references, institutions, agencies, and the City from any and all liability arising from their giving or receiving information about my employment history, academic credentials, qualifications, reputation, driving record, and criminal record. A photocopy of this release may be used for all purposes.

I understand that any false answers or misleading statements as well as misrepresentations by omission made by me as part of my application will be sufficient for rejection of my application or for my immediate discharge should one be discovered after I am employed.

I understand that nothing in this employment application, in the City's statements of personnel policies, or in my communication with any City employee or official is intended to create an employment contract between the City and me. If I am hired by the City, I understand that my continued employment will be at the mutual consent of the City and me. Accordingly, either I or the City may terminate my employment at will at any time with or without cause or notice. I understand that the at-will nature of the employment relationship can only be changed in a specific written agreement signed by the City Manager.

Signature ⇒_____Date:_____

Your Rights under the Family and Medical Leave Act of 1993

FMLA requires covered employers to provide up to 12weeks of unpaid, job-protected leave to "eligible"employees for certain family and medical reasons.Employees are eligible if they have worked for their employer for at least one year, and for 1,250 hours over the previous 12 months, and if there are at least 50 employees within 75 miles. The FMLA permits employees to take leave on an intermittent basis or to work a reduced schedule under certain circumstances.

Reasons for Taking Leave:

Unpaid leave must be granted for *any* of the following reasons:

- to care for the employee's child after birth, or placement for adoption or foster care;
- to care for the employee's spouse, son or daughter, or parent who has a serious health condition; or
- for a serious health condition that makes the employee unable to perform the employee's job.

At the employee's or employer's option, certain kinds of *paid* leave may be substituted for unpaid leave.

Advance Notice and Medical Certification:

The employee may be required to provide advance leave notice and medical certification. Taking of leave may be denied if requirements are not met.

- The employee ordinarily must provide 30 days advance notice when the leave is "foreseeable."
- An employer may require medical certification to support a request for leave because of a serious health condition, and may require second or third opinions (at the employer's expense) and a fitness for duty report to return to work.

Job Benefits and Protection:

- For the duration of FMLA leave, the employer must maintain the employee's health coverage under any "group health plan."
- Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.
- The use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Unlawful Acts by Employers:

FMLA makes it unlawful for any employer to:

- interfere with, restrain, or deny the exercise of any right provided under FMLA:
- discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement:

- The U.S. Department of Labor is authorized to investigate and resolve complaints of violations.
- An eligible employee may bring a civil action against an employer for violations.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

For Additional Information:

If you have access to the Internet visit our FMLA website: **http://www.dol.gov/esa/whd/fmla.** To locate your nearest Wage-Hour Office, telephone our Wage-Hour toll-free information and help line at 1-866-4USWAGE (1-866-487-9243): a customer service representative is available to assist you with referral information from 8am to 5pm **in your time zone;** or log onto our Home Page at **http://www.wagehour.dol.gov**.

U.S. Department of LaborEmployment Standards AdministrationWage and Hour DivisionWashington, D.C. 20210

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U.S. Department of Labor Employment Standards Administration Wage and Hour Division

Military Family Leave

On January 28, President Bush signed into law the National Defense Authorization Act for FY 2008 (NDAA), Public Law 110-181. Section 585(a) of the NDAA amended the FMLA to provide eligible employees working for covered employers two important new leave rights related to military service:

(1) **New Qualifying Reason for Leave.** Eligible employees are entitled to up to 12 weeks of leave because of "any qualifying exigency" arising out of the fact that the spouse, son, daughter, or parent of the employee is on active duty, or has been notified of an impending call to active duty status, in support of a contingency operation. By the terms of the statute, this provision requires the Secretary of Labor to issue regulations defining "any qualifying exigency." In the interim, employers are encouraged to provide this type of leave to qualifying employees.

(2) **New Leave Entitlement**. An eligible employee who is the spouse, son, daughter, parent, or next of kin of a covered servicemember who is recovering from a serious illness or injury sustained in the line of duty on active duty is entitled to up to 26 weeks of leave in a single 12-month period to care for the servicemember. This provision became effective

immediately upon enactment. This military caregiver leave is available during "a single 12-month period" during which an eligible employee is entitled to a combined total of 26 weeks of all types of FMLA leave.

Additional information on the amendments and a version of Title I of the FMLA with the new statutory language incorporated are available on the FMLA amendments Web site at http://www.dol.gov/esa/whd/fmla/NDAA_fmla.htm.