



3281 LeTourneau Dr
Gillette WY 82718
970-666-1982 (Human Resources)

APPLICATION FOR EMPLOYMENT

It is the policy of Western Frontier, LLC to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability, or veteran status. Western Frontier, LLC is an equal opportunity employer.

APPLICANT INFORMATION

FULL NAME: _____ DATE: _____

LAST

FIRST

MI

ADDRESS: _____

STREET ADDRESS

APARTMENT / UNIT #

CITY

STATE

ZIP CODE

PHONE: _____ EMAIL ADDRESS: _____

DATE AVAILABLE: _____ SOCIAL SECURITY #: _____ DESIRED SALARY: \$ _____

POSITION APPLIED FOR: _____

ARE YOU A US CITIZEN? YES NO IF NO, ARE YOU AUTHORIZED TO WORK IN THE U.S.? YES NO

HAVE YOU EVER WORKED FOR THIS COMPANY? YES NO IF YES, WHEN? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE EXPLAIN: _____

EMERGENCY CONTACT:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE: _____

APPLICANT EDUCATION

HIGH SCHOOL: _____ ADDRESS: _____

FROM _____ TO _____ DID YOU GRADUATE? YES NO IF NO, GED? YES NO

COLLEGE: _____ ADDRESS: _____

FROM _____ TO _____ DID YOU GRADUATE? YES NO IF YES, DEGREE: _____

REFERENCES

PLEASE LIST THREE (3) PROFESSIONAL REFERENCES:

FULL NAME: _____ RELATIONSHIP: _____
COMPANY: _____ PHONE #: _____

FULL NAME: _____ RELATIONSHIP: _____
COMPANY: _____ PHONE#: _____

FULL NAME: _____ RELATIONSHIP: _____
COMPANY: _____ PHONE #: _____

PREVIOUS EMPLOYMENT

COMPANY: _____ PHONE: _____
ADDRESS: _____ SUPERVISOR: _____
JOB TITLE: _____ STARTING SALARY: \$ _____ ENDING SALARY: \$ _____
RESPONSIBILITIES: _____
EMPLOYED FROM: _____ TO _____ REASON FOR LEAVING: _____
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES NO

COMPANY: _____ PHONE: _____
ADDRESS: _____ SUPERVISOR: _____
JOB TITLE: _____ STARTING SALARY: \$ _____ ENDING SALARY: \$ _____
RESPONSIBILITIES: _____
EMPLOYED FROM: _____ TO _____ REASON FOR LEAVING: _____
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES NO

COMPANY: _____ PHONE: _____
ADDRESS: _____ SUPERVISOR: _____
JOB TITLE: _____ STARTING SALARY: \$ _____ ENDING SALARY: \$ _____
RESPONSIBILITIES: _____
EMPLOYED FROM: _____ TO _____ REASON FOR LEAVING: _____
MAY WE CONTACT YOUR PREVIOUS SUPERVISOR FOR A REFERENCE? YES NO

MILITARY SERVICE

BRANCH: ----- FROM ----- TO -----

RANK AT DISCHARGE: ----- TYPE OF DISCHARGE: -----

IF OTHER THAN HONORABLE, PLEASE EXPLAIN: -----

DISCLAIMER AND SIGNATURE OF APPLICANT

I attest that I have a clean driving record, that I am not taking any illegal drugs, and that I can pass a pre-employment drug screening.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.

APPLICANT'S SIGNATURE DATE SIGNED

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Western Frontier, LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its owner, the employment relationship will be "at Will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the same right. Moreover, no agent, representative, or employee Western Frontier, LLC, except in a specific written contract of employment, signed on behalf of the organization by its Owner, has the power to alter or vary the voluntary nature of the employment relationship.

I understand that I will not receive my final paycheck until I return all of the Western Frontier, LLC property such as work pants and shirts.

I authorize Western Frontier, LLC to complete a Motor Vehicle Report on my driving record.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS AND CONDITIONS.

APPLICANT SIGNATURE DATE SIGNED