



Casper Alcova Irrigation District (CAID)

P. O. Box 849 | 755 Connie St

Mills, WY 82644

Office Phone: 307-234-8692 | Fax Number: 307-265-5859

Employment / Job Application

Personal Information

Full Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Date Available: _____ Position Applied For: _____

Desired Pay: \$ _____ O Hour O Salary Employment Desired: O Full-Time O Part-Time O Seasonal

Employment Eligibility

Are You A U.S. Citizen?* O Yes O No *If No, Are You Allowed To Work In The U.S.? O Yes O No

Have You Ever Worked For This Employer?* O Yes O No *If Yes, Write Start And End Dates:

Have You Ever Been Convicted Of A Felony?* O Yes O No * If Yes, Please Explain:

Education

High School: _____ City/ State: _____

From: _____ To: _____ Graduated? O Yes O No

College: _____ City/ State: _____

From: _____ To: _____ Graduated? O Yes O No Degree: _____

Other: _____ City/ State: _____

From: _____ To: _____ Degree: _____

Other: _____ City/ State: _____

From: _____ To: _____ Degree: _____

Employment History (Most Recent First)

Employer: _____

Email: _____ Phone: _____

City: _____ State: _____ Zip Code: _____



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Wages: \$ _____ **O Hour O Salary Job Title:** _____

Responsibilities: _____

Employer: _____

Email: _____ **Phone:** _____

City: _____ **State:** _____ **Zip Code:** _____

Wages: \$ _____ **O Hour O Salary Job Title:** _____

Responsibilities: _____

Employer: _____

Email: _____ **Phone:** _____

City: _____ **State:** _____ **Zip Code:** _____

Wages: \$ _____ **O Hour O Salary Job Title:** _____

Responsibilities: _____

Employer: _____

Email: _____ **Phone:** _____

City: _____ **State:** _____ **Zip Code:** _____

Wages: \$ _____ **O Hour O Salary Job Title:** _____

Responsibilities: _____



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References

Reference: _____ Personal Work

Company _____ Title: _____

Email: _____ Phone: _____

Reference: _____ Personal Work

Company _____ Title: _____

Email: _____ Phone: _____

Reference: _____ Personal Work

Company _____ Title: _____

Email: _____ Phone: _____

Military Service

Are You A Veteran? Yes No Starting Date: _____ End Date: _____

Type Of Discharge:* _____ *If Not Honorable, Please Explain:

Background Check Consent

If Asked, Are You Willing To Consent To A Background Check?: Yes No

Disclaimer

Prior to employment you will be required to provide a copy of your Motor Vehicle Record (MVR). Applicant understand that this is an equal opportunity employer and committed to excellence through diversity. In order to ensure this application is acceptable, please print or typw qirh the application being fully completed in order for it to be considered.

I, The applicant, certify that my answeres are true and honest to the best of my knowledge. If this application leads to my eventual employment, I understand that any false or misleading information in my application or interview may result in my employment being terminated.

Signature: _____ Date: _____

Printed Name: _____ Date Received: _____