



Employment Application

Corporate Headquarters

124 East Main Street

Riverton, Wyoming 82501

Email Application: wsteeds@inberg-miller.com

INBERG-MILLER ENGINEERS is an at-will employer and retains the absolute right to terminate me, at any time, with or without good cause.

APPLICANT INSTRUCTIONS

1. Please read "APPLICANT NOTE" below.
2. Complete both pages.
3. If more space is needed to complete any question, use comments section at the bottom of this page.
4. PLEASE NOTE "NOT APPLICABLE" IF NOT ANSWERING A QUESTION

NAME: _____

E-mail: _____

HOME PHONE: _____

WORK PHONE: _____

CURRENT ADDRESS: _____

PRIOR ADDRESS: _____

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientation, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. A felony conviction will not necessarily bar an applicant from employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be examined by a medical professional designated by the company.

AVAILABILITY

For which position are you applying? _____

What date can you start? _____

What category would you prefer? _____

For which schedule are you available*: ☐ Weekdays ☐ Weekends ☐ Nights ☐ Overtime ☐ Holiday

*reasonable efforts will be made to accommodate religious beliefs and practices

JOB-RELATED SKILLS

☐ Yes ☐ No If the job requires, do you have the appropriate valid drivers license?

Name on license _____ DL# _____ Type _____ State of issue _____

☐ Yes ☐ No Have you had any moving violations? Please describe. _____

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. _____

☐ Yes ☐ No Have you been given a job description or had the essential functions of the job explained to you?

☐ Yes ☐ No Do you understand these essential functions?

☐ Yes ☐ No Can you perform the essential functions of this job with or without reasonable accommodation?

List languages in which you are fluent: _____

SECURITY

List states and counties of residence for the past seven years. _____

☐ Yes ☐ No Have you used any names other than given above? If so, please list in comments, below.

☐ Yes ☐ No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below.

(Conviction will not necessarily be a bar to employment. In accordance with company policy and applicable state and federal laws, factors such as age at time of the offense, remoteness of the offense, time since last conviction, nature of the job sought and rehabilitation effort will be reviewed.)

INCIDENT	CITY/STATE	CHARGE
1		
2		

COMMENTS

PREVIOUS EMPLOYERS

PLEASE NOTE. Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the **correct telephone numbers of past employers are critical**.

MOST RECENT EMPLOYER

☐ Yes ☐ No Are you currently working for this employer?
☐ Yes ☐ No If yes, may we contact?

COMPANY NAME _____ CITY _____ STATE _____ Phone _____
FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____
DUTIES _____
\$ _____ PER _____
SALARY (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

SECOND MOST RECENT EMPLOYER

COMPANY NAME _____ CITY _____ STATE _____ Phone _____
FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____
DUTIES _____
\$ _____ PER _____
SALARY (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

THIRD MOST RECENT EMPLOYER

COMPANY NAME _____ CITY _____ STATE _____ Phone _____
FROM _____ TO _____
DATES EMPLOYED _____ JOB TITLE _____ SUPERVISOR NAME _____
DUTIES _____
\$ _____ PER _____
SALARY (HOUR, WEEK, MONTH) REASON FOR LEAVING _____

REFERENCES

Include only individuals familiar with your work ability. Do not include relatives.

NAME	ADDRESS/PHONE	YEARS KNOWN/RELATIONSHIP
1. _____	_____	_____
2. _____	_____	_____

EDUCATION

NOTE: do not fill out any part of this section you believe to be non-job related.
Please list highest grade completed. _____

If your school records are under a different name than listed on page 1, please enter that name: _____

NAME	CITY/STATE	GRADUATE?	DEGREE?
HIGH SCHOOL	_____	_____	_____
COLLEGE	_____	_____	_____
OTHER	_____	_____	_____

CERTIFICATION AND RELEASE

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application, whether on this document or not, may result in rejections of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

SIGNATURE _____	DATE _____
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