



**WORK EXPERIENCE**

Start with your present or last job, listing the three (3) most current. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

|                            |  |  |                |
|----------------------------|--|--|----------------|
| Employer                   | Dates Employed<br>From To  |  | Work Performed |
| Address                    |  |  |                |
| Telephone Number(s)        |  |  |                |
| Starting/Present Job Title | Hourly Rate/Salary<br>Starting Final                                     |  |                |
| Supervisor                 |  |  |                |
| Reason For Leaving         | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                |

|                            |  |  |                |
|----------------------------|--|--|----------------|
| Employer                   | Dates Employed<br>From To  |  | Work Performed |
| Address                    |  |  |                |
| Telephone Number(s)        |  |  |                |
| Starting/Present Job Title | Hourly Rate/Salary<br>Starting Final                                     |  |                |
| Supervisor                 |  |  |                |
| Reason For Leaving         | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                |

|                            |  |  |                |
|----------------------------|--|--|----------------|
| Employer                   | Dates Employed<br>From To  |  | Work Performed |
| Address                    |  |  |                |
| Telephone Number(s)        |  |  |                |
| Starting/Present Job Title | Hourly Rate/Salary<br>Starting Final                                     |  |                |
| Supervisor                 |  |  |                |
| Reason For Leaving         | May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |                |

**Additional**

| Name of Employer | City/State | Dates Employed |    | Pay Rate |       | Reason for Leaving |
|------------------|------------|----------------|----|----------|-------|--------------------|
|                  |            | From           | To | Starting | Final |                    |
|                  |            |                |    |          |       |                    |
|                  |            |                |    |          |       |                    |
|                  |            |                |    |          |       |                    |

|   |
|---|
| <b>Describe any job related training, apprenticeship, skills or professional memberships:</b> |
|   |
|   |
|   |
|   |

| <b>EDUCATION</b>      |                        |                 |                     |                |
|-----------------------|------------------------|-----------------|---------------------|----------------|
| Type of School        | Name/Address of School | Course of Study | No. Years Completed | Diploma/Degree |
| High School           |                        |                 |                     |                |
| Undergraduate College |                        |                 |                     |                |
| Graduate/Professional |                        |                 |                     |                |
| Other/Specify         |                        |                 |                     |                |

**REFERENCES:** List the names, addresses, and telephone numbers of at least three (3) individuals, not related to you or previous employers, who can provide information about your skills, abilities, education, and experience:

- 1) \_\_\_\_\_  
\_\_\_\_\_
- 2) \_\_\_\_\_  
\_\_\_\_\_
- 3) \_\_\_\_\_  
\_\_\_\_\_

|  |  |
|--|--|
| <b>DRIVING RECORD</b>  |  |
| Do you have a valid Wyoming Drivers License?                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number: _____  | Class: _____ Expires: _____                              |
| In the last five (5) years have you been the driver in an automobile accident? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Date (s): _____  | Location: _____  |
| Traffic Violations:  |  |
| Date (s): _____  | Location: _____  |
| Type: _____  |  |

Have you been listed on a child abuse/neglect registry in Wyoming or any other state?  Yes  No

If yes, please give specifics: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been convicted of any felony, public indecency, a violation of the Wyoming Controlled Substance Act, or driving under the influence of alcohol or a controlled substance?  Yes  No

If yes, please give specifics: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior to or upon being hired for this position, background record reviews WILL be conducted on you via fingerprinting with the FBI, DCI (Wyoming Division of Criminal Investigation), and DFS (Department of Family Services) registry review. Fingerprint cards will be provided to you. Other background reviews may be conducted including a pre-employment drug screening.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING. (See enclosure - Essential Functions of Position)

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the primary duties involved in the job or occupation for which you have applied? A review of the primary duties involved in such a job or occupation has been given.  Yes  No

Did you complete this application yourself?  Yes  No

If no, who did and why? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING:**

I understand that any misrepresentation or falsifications may result in removal from consideration of employment. I give LSR, Inc. and its authorized agents permission to verify any job-related information given with this application.

I understand that I may be required to submit to drug and alcohol testing as part of the pre-employment process or as a condition of continued employment if hired by LRS, Inc.

**I UNDERSTAND THAT IF HIRED BY LSR, INC., I WILL BE AN AT WILL EMPLOYEE. THAT MEANS THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESSED OR IMPLIED CONTRACT OF EMPLOYMENT, OR CONTINUED EMPLOYMENT, NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME.**

**LSR REQUIRES ALL EMPLOYEES TO SIGN A NON-COMPETE WORK AGREEMENT UPON HIRE DATE.**

I have read, understand and by my signature, consent to the proceeding statements.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date