



# EMPLOYMENT APPLICATION

REMIT TO:  
 1635 REATA DRIVE  
 GILLETTE, WY 82718  
 Phone 307-682-0552  
 FAX 307-682-8418

**PLEASE TYPE OR PRINT-ANSWER ALL APPLICABLE QUESTIONS**

Position Applied For  Date of Application

Name Last  First  Middle

Mailing Address  City  State  ZIP

Home Phone  Work Phone  Cell Phone

Driver's License Number  E-mail Address

Type of employment desired:  Full Time  Part Time  Seasonal Will you work overtime if required?  Yes  No

Are you aware of any physical or mental condition that would limit or restrict your ability to perform the essential functions of the job for which you are applying?  Yes  No

Are you a U.S. citizen?  Yes  No

Rate of pay expected per month  hourly

EDUCATIONAL BACKGROUND High School College Graduate Work

Highest Grade Completed:  8  9  10  11  12  GED  1  2  3  4  Yes  No

COLLEGES /UNIVERSITY /TRADE SCHOOL	CITY/STATE	UNITS COMPLETED	DEGREE/ DIPLOMA	YEAR	MAJOR	MINOR

**SPECIAL SKILLS AND QUALIFICATIONS:** Summarize special skills and qualifications acquired from employment or other experiences that relate to this position.

Typing wpm  Shorthand or AlphaHand wpm

Other

Heavy Equipment

Have you ever been convicted of a felony?  Yes  No If yes, please explain

### EMPLOYMENT HISTORY

List your employment history starting with the most recent employer. List all positions held, including military experience, part-time, summer and/or volunteer work and periods of unemployment. Explain any gaps in employment in comments section below.

EMPLOYER	<input type="text"/>	PHONE	<input type="text"/>	DATES EMPLOYED	Summarize your job responsibilities
ADDRESS	<input type="text"/>			FROM	<input type="text"/>
JOB TITLE	<input type="text"/>			TO	
IMMEDIATE SUPERVISOR & TITLE	<input type="text"/>			May we contact your employer?	
REASON FOR LEAVING	<input type="text"/>			<input type="radio"/> Yes <input type="radio"/> No	
SALARY	BEGINNING <input type="text"/>	ENDING <input type="text"/>	<input type="radio"/> HOURLY <input type="radio"/> MONTHLY		

EMPLOYER	<input type="text"/>	PHONE	<input type="text"/>	DATES EMPLOYED	Summarize your job responsibilities
ADDRESS	<input type="text"/>			FROM	<input type="text"/>
JOB TITLE	<input type="text"/>			TO	
IMMEDIATE SUPERVISOR & TITLE	<input type="text"/>			May we contact your employer?	
REASON FOR LEAVING	<input type="text"/>			<input type="radio"/> Yes <input type="radio"/> No	
SALARY	BEGINNING <input type="text"/>	ENDING <input type="text"/>	<input type="radio"/> HOURLY <input type="radio"/> MONTHLY		

EMPLOYER	<input type="text"/>	PHONE	<input type="text"/>	DATES EMPLOYED	Summarize your job responsibilities
ADDRESS	<input type="text"/>			FROM	<input type="text"/>
JOB TITLE	<input type="text"/>			TO	
IMMEDIATE SUPERVISOR & TITLE	<input type="text"/>			May we contact your employer?	
REASON FOR LEAVING	<input type="text"/>			<input type="radio"/> Yes <input type="radio"/> No	
SALARY	BEGINNING <input type="text"/>	ENDING <input type="text"/>	<input type="radio"/> HOURLY <input type="radio"/> MONTHLY		

EMPLOYER	<input type="text"/>	PHONE	<input type="text"/>	DATES EMPLOYED	Summarize your job responsibilities
ADDRESS	<input type="text"/>			FROM	<input type="text"/>
JOB TITLE	<input type="text"/>			TO	
IMMEDIATE SUPERVISOR & TITLE	<input type="text"/>			May we contact your employer?	
REASON FOR LEAVING	<input type="text"/>			<input type="radio"/> Yes <input type="radio"/> No	
SALARY	BEGINNING <input type="text"/>	ENDING <input type="text"/>	<input type="radio"/> HOURLY <input type="radio"/> MONTHLY		

Comments (including explanation of any gaps in employment)

**PROFESSIONAL REFERENCES**

List name and telephone number of three professional references who are not related to you.

Name	<input type="text"/>	Phone	<input type="text"/>	Years Known	<input type="text"/>
Mailing Address	<input type="text"/>				
Name	<input type="text"/>	Phone	<input type="text"/>	Years Known	<input type="text"/>
Mailing Address	<input type="text"/>				
Name	<input type="text"/>	Phone	<input type="text"/>	Years Known	<input type="text"/>
Mailing Address	<input type="text"/>				

List special accomplishments, publications, awards, and the names of professional groups of which you are or have been a member.

List any other information you would like us to consider.

**MILITARY SERVICE RECORD**

Were you in the US Armed Forces?  Yes  No If yes, which branch?

**DATES OF DUTY**

FROM  TO

List duties in the service including special training

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY**

The information i have provided on this application is accurate to the best of my knowledge and is subject to verification by CAM- PLEX. I understand and agree that any misrepresentation or material omission of fact in my application can be justification for refusal of , or if employed, termination from, CAM-PLEX employment.

If I become employed by CAM-PLEX, I agree to conform to the rules and regulations of the company. I understand that this application does not constitute a contract of employment, and that I may elect to resign at anytime for any reason, and the company may elect to terminate my employment at anytime for any reason.

I authorize the persons, schools, current employer (if approved by me) and other organizations or employers named in this application to provide CAM-PLEX with any relevant information that may be required to arrive at an employment decision.

Signature of Applicant  Date

---

**FOR PERSONNEL DEPARTMENT USE ONLY**

Position Applied For   Available  Unavailable

Other Positions Considered for

HIRED  Yes  No Date of Hire  Position Hired For

EEO CLASSIFICATION  Officials & Managers  Professionals  Technicians  Sales  Office & Clerical  
 Craft Workers (skilled)  Operatives (semi-skilled)  Laborers (unskilled)  Service Workers

NOTES

COMPLETED BY  Date