

**CHEYENNE FRONTIER DAYS™ INC/FRONTIER MARKETING, LLC  
EMPLOYMENT APPLICATION**

"It is the policy of Cheyenne Frontier Days to maintain a work place and volunteer atmosphere free of discrimination based on disability, age, sex, race, creed, color, national origin or ancestry. It is also the policy of Cheyenne Frontier Days to maintain a work place and volunteer atmosphere free of sexual harassment."

**PERSONAL**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Last) (First) (M)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

**PREVIOUS ADDRESS DURING THE LAST FIVE YEARS**

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Check the following options which you would consider:

Full Time  Part Time  Temporary

List any relatives working for this organization:

Have you been previously employed by this organization?  Yes  No

- Do you have any physical limitations to perform the job applied for? If yes, explain the type of accommodation required:  Yes  No

Accommodations: \_\_\_\_\_

Have you received worker's compensation during the last ten years?  Yes  No

If yes, state the nature and date of injury, recurring effects and degree of disability.

**EDUCATION & TRAINING**

High School: \_\_\_\_\_ Graduated?  Yes  No

College or University: \_\_\_\_\_

Address: \_\_\_\_\_

Major: \_\_\_\_\_ Degree/Years Completed: \_\_\_\_\_

Trade School: \_\_\_\_\_

Subjects: \_\_\_\_\_ Completed?  Yes  No

List any other education, training and special skills that you possess related to the job:

List any machines or equipment that you are qualified and experienced at operating:

**REFERENCES**

List business persons known (but not related) to you for at least three years:

Name	Business	Phone	Years Known
1)			
2)			
3)			

**EXPERIENCE**

Please list the last ten years of work experience beginning with the most recent:

Name of Employer	Type of business			
Address	City	State	Zip	Phone
Dates employed	Starting Title		Ending Title	
Reason for leaving	May we contact?		Supervisor	
Brief description of duties				
Name of Employer	Type of business			
Address	City	State	Zip	Phone
Dates employed	Starting Title		Ending Title	
Reason for leaving	May we contact?		Supervisor	
Brief description of duties				
<u>If extra space is needed use reverse side or attach a resume.</u>				

**COMMENTS**

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Do you have a valid driver's license?       Yes       No

If yes, license no: \_\_\_\_\_

**APPLICANT'S CERTIFICATION**

**Please read carefully before signing.** If you have any questions regarding the following statements, please ask for assistance.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with my former employers, school officials and persons named as references. I hereby release all employers, schools, and individuals from any damage whatsoever resulting from giving to much information.

I understand that as this organization deems necessary, I may be required to work overtime hours or hours outside normally a defined workday or workweek. If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for any continuation of salary, wages or employment related benefits.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

