



NATRONA COUNTY CORONER'S OFFICE

6550 Wildcat Road
Evansville, WY 82636
Phone: 307-235-9458
Fax: 307-235-9608

natronacoroner@natrona.net

APPLICATION FOR EMPLOYMENT

Date:

POSITION APPLIED FOR:

If applying for Coroner Investigator, this position requires lifting up to 200+ lbs. Are you able to perform the essential functions of the position for which you are applying? Yes No

Last Name:

First Name:

Middle:

Street Address:

City:

State:

Zip:

Email:

When can you start?

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? (You may be required to provide documentation.) Yes No

Have you ever been convicted of a misdemeanor? Yes No

Have you ever been convicted of a felony? Yes No

If you answered yes to either of the questions please describe below.

Have you ever been employed by Natrona County or one of its affiliated departments or boards?

Yes No

If yes, please provide name of entity and dates below.

Have you had the Hepatitis B vaccine series? Yes No Don't know

If yes, date of last injection:

You are encouraged to submit a resume with your application



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EDUCATION

High School name:

Location:

Years attended:

Graduated: Yes No GED: Yes No

College:

Years attended:

Major:

Degree:

College:

Years attended:

Major:

Degree:

College:

Years attended:

Major:

Degree:

Other:

Years attended:

Major:

Degree:

Other:

Years attended:

Major:

Degree:

SKILLS

In addition to your work history, are there other skills, qualifications, or experience that we should consider? **Include your experience and training as a medico-legal death investigator or other investigative work.**

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EMPLOYMENT HISTORY *(Start with most recent employer)*

Company Name: Telephone:
Address: City: State: Zip:
Date Started: Date Ended: Position:
Responsibilities:

Supervisor: May we contact: Yes No
Reason for leaving:

Company Name: Telephone:
Address: City: State: Zip:
Date Started: Date Ended: Position:
Responsibilities:

Supervisor: May we contact: Yes No
Reason for leaving:

Company Name: Telephone:
Address: City: State: Zip:
Date Started: Date Ended: Position:
Responsibilities:

Supervisor: May we contact: Yes No
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BUSINESS/PROFESSIONAL REFERENCE

Name: _____ Position Held: _____ Telephone: _____

I certify that answers given herein are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of my employment, I understand that false or misleading information given in my application or interview may result in disciplinary action that could lead to termination of my employment. The Natrona County Coroner's Office is hereby authorized to make any investigations of my prior educational and employment history.

Natrona County, Wyoming and its affiliated departments and boards, does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in the employment or provisions of service.

I understand that by signing this application for employment, and accepting employment, I am an *Employee At Will*, whose employment may be terminated at any time, with or without cause, and for any reasons not prohibited by statute.

I have read the job description for the position of:

Signature: _____ Date: _____

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