



# Hot Springs County Weed & Pest Control District

711 Springview St., P.O. Box 543, Thermopolis, WY 82443  
Office: (307) 864-2278 | hscwpcd@gmail.com

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## Seasonal Crew Questionnaire

Name: \_\_\_\_\_

- Will you be 18 years old by your available starting date? If not, when?
- Do you have any objection to working with and handling pesticides (herbicides or insecticides)?
- Can you perform strenuous activity including some heavy lifting, wearing backpacks weighing up to 50 lbs., climbing and hiking in rough terrain?
- Do you have any experience with ATVs or four-wheel drive vehicles in rough terrain?
- Are you proficient in operating a vehicle with a manual transmission?
- What experience do you have with pulling a trailer?
- Do you have a problem with snakes, insects or other wildlife?
- Will you be able to wear all required Personal Protective Equipment (PPE) – long sleeved shirt, long pants, gloves, closed toed shoes, etc.?
- Will you be willing to obtain a commercial applicator license?
- Do you plan on taking vacation time during the summer?



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## SEASONAL EMPLOYMENT APPLICATION

Name: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Dates Available to Work –

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

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

Available to work overtime?  Yes  No

If not, why? \_\_\_\_\_

In case of emergency contact information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Do you have training and/or experience in the control of noxious weeds or handling pesticides?

Yes  No

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have training and/or experience in driving:

4-Wheel drive vehicles? \_\_\_\_\_

ATVs on rough terrain/right of ways? \_\_\_\_\_

**Submit a resume or complete the following sections –**

**Previous Employment:**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

From: (mm/yy) \_\_\_\_\_ To: (mm/yy) \_\_\_\_\_

Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
From: (mm/yy) \_\_\_\_\_ To: (mm/yy) \_\_\_\_\_  
Supervisor: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
From: (mm/yy) \_\_\_\_\_ To: (mm/yy) \_\_\_\_\_  
Supervisor: \_\_\_\_\_

**Education:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References:**  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone/Email: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone/Email: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone/Email: \_\_\_\_\_

**List any other job-related skills, special qualifications or training:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Successful applicants will be required to show proof that they are eligible to work in the United States under U.S. Immigration Law. Successful applicants will be screened for drugs and alcohol as a condition of pre-employment, and will be subject to random testing during employment according to HSCWP Drug and Alcohol Policy. \*

I certify that all information contained on this application is true and complete to the best of my knowledge and belief. I understand that misrepresentations or falsification may result in removal from employment consideration or dismissal. I give the district and its authorized agents permission to verify and job-related information given in connection with this application.

**Applicant Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

HSCWP USE: