

## **COUNTY PLANNER**

Lincoln County, Wyoming is located along the western border of the state. It covers an area of just over 4,000 square miles. Three fourths of this is public land managed by the USFS and by the BLM. The county population is approaching 20,000. About half of the residents live in the nine municipalities. Kemmerer is the county seat and is dealing with the issues that come with being a coal-reliant community for over 100 years. The northern part of the county, known as Star Valley, is experiencing consistent rural residential growth. Some of this is related to second homes and retirement homes while most is driven by employee housing needs for Jackson, Wyoming where affordable housing is nonexistent. The area is rich in outdoor opportunities for camping, hiking, fishing, hunting, atv-ing, and snowmobiling

The county has an immediate opening for a full-time planner in the Office of Planning and Engineering to advise the county planning and zoning commission and the county commissioners on matters related to development. The salary range for this position is \$55k to \$65k DOE. Hours are 8 am to 5 pm. Lincoln County is an Equal Opportunity Employer. Applications will be accepted until the position is filled. Return completed application (see attached) with resume to Planning Office to email below or mailed to 421 Jefferson St. Suite 701, Afton, WY 83110. Questions contact John Woodward, Director, 307-885-3106 or [jwoodward@lccwy.org](mailto:jwoodward@lccwy.org).

### **Position Description**

Experience in the field of Community Planning required.  
Basic knowledge of GIS and street addressing required.  
Planning degree and/or AICP certification desirable but not required.  
Experience with NEPA process desirable.  
Experience with floodplain management desirable.  
Experience with septic system permitting desirable.  
Experience with either diplomacy or martial arts desirable.

### **Benefits**

State of Wyoming Retirement System, medical and dental insurance, Vacation Leave of eight hours per month begins to accrue after six months, and Sick Leave of eight hours per month begins to accrue with employment.

### **Licenses**

A valid Wyoming Driver's License or the ability to obtain one and the ability to maintain insurability under the County's Vehicle Insurance Policy.

# APPLICATION FOR EMPLOYMENT

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

LINCOLN COUNTY PLANNING

~~520 TOPAZ STE 109~~ 925 Sage Ave. Ste 201

KEMMERER, WY 83101  
(307-877-9056) . X 2101

421 Jefferson Suite 701  
After 307-885-3106

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For _____		Date of Application _____
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____

Last Name _____		First Name _____		Middle Name _____	
Address _____	Number _____	Street _____	City _____	State _____	Zip Code _____
Telephone Number(s) _____				*Social Security Number (Voluntary) _____	

Best time to contact you at home is \_\_\_\_\_ : \_\_\_\_\_ Am  
 \_\_\_\_\_ Pm

If you are under 18 years of age, can you provide required  
 Proof of your eligibility to work? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever filed an application with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 If Yes, give date \_\_\_\_\_

Do any of your friends or relatives, other than spouse, work here? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you prevented from lawfully becoming employed in this country  
 because of Visa or Immigration Status?  
*Proof of citizenship or immigration status will be required upon employment* \_\_\_\_\_ Yes \_\_\_\_\_ No

Date available for work \_\_\_/\_\_\_/\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full-Time (please indicate 1 2 3 shift)  
 \_\_\_\_\_ Part-Time (please indicate Mornings Afternoons Evenings)  
 \_\_\_\_\_ Temporary (please indicate dates available \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_)

Are you currently on "lay-off" status and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

Can you travel if a job requires it? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Education

	Name & Address of School	Course of Study	No. of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States Military.

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## Additional Information

### OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

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### SPECIALIZED SKILLS

(CHECK SKILLS/EQUIPMENT OPERATED)

<input type="checkbox"/> Terminal	<input type="checkbox"/> Spreadsheet	Production/ Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter WPM _____	Shorthand WPM _____	_____	_____
		_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

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**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner; with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.  YES  NO

### REFERENCES:

1.

\_\_\_\_\_  
 (Name) ( ) Phone #  
 \_\_\_\_\_  
 (Address)

2.

\_\_\_\_\_  
 (Name) ( ) Phone #  
 \_\_\_\_\_  
 (Address)

3.

\_\_\_\_\_  
 (Name) ( ) Phone #  
 \_\_\_\_\_  
 (Address)

# Employment Experience

Start with your present or last job. 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.

1.	Employer Address Telephone Number(s) Job Title                      Supervisor Reason for Leaving	Dates Employed From / To   Hourly Rate/Salary Starting / Final     	Work Performed _____ _____ _____
2.	Employer Address Telephone Number(s) Job Title                      Supervisor Reason for Leaving	Dates Employed From / To   Hourly Rate/Salary Starting / Final     	Work Performed _____ _____ _____
3.	Employer Address Telephone Number(s) Job Title                      Supervisor Reason for Leaving	Dates Employed From / To   Hourly Rate/Salary Starting / Final     	Work Performed _____ _____ _____
4.	Employer Address Telephone Number(s) Job Title                      Supervisor Reason for Leaving	Dates Employed From / To   Hourly Rate/Salary Starting / Final     	Work Performed _____ _____ _____

*If you need additional space, please continue on a separate sheet of paper*

List professional, trade, business or civic activities and offices held.  
 You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Applicant's Statement

I certify that the answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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

\_\_\_\_\_  
Date

### FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview  Yes  No

Remarks \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Interview Date

Employed  Yes  No

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

Name & Title