

Return To: Human Resources 214 W. 15<sup>th</sup> Street Cheyenne, WY 82002 Telephone: 307-777-2823

EQUAL ACCESS TO PROGRAMS, SERVICES AND EMPLOYMENT IS AVAILABLE TO ALL PERSONS. THOSE APPLICANTS REQUIRING REASONABLE ACCOMMODATION TO THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY THE HUMAN RESOURCES DEPARTMENT.

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LAST NAME		FIRST NAME			N	IIDDLE INITIAL
MAILING ADDRESS	CITY		STATE	ZIP	HOME PHONE	<u> </u>
WAILING ADDICEGO	OIII		OTATE	211	TIONE THORE	=
IF YOU HAVE BEEN EMPLOYED OR AT	TENDED SC	HOOL UNDER	OTHER NAM	MES, LIST NAME	S AND DATE O	F USE:
DO YOU HAVE A HIGH SCHOOL DIPLO	MA OR G.E.[	D. CERTIFICAT	re: yes □	NO □		
POSITION YOU ARE APPLYING FOR:						
HOW DID YOU HEAR ABOUT THIS POSITION?						
HIGH SCHOOL/LOCATION:						
COLLEGE OR VOCATIONAL SCHOOL	AND LOCATION	NC				DEGREE
			MAJOR		MINOR	EARNED
LIST OTHER JOB-RELATED SPECIAL O						
MEMBERSHIPS IN PROFESSIONAL ASSOCIATIONS, AWARDS, PUBLICATIONS, LICENSES OR REGISTRATIONS (GIVE NUMBERS AND EXPIRATION DATES), ETC.:						
·						
PLEASE GIVE THE NAME UNDER WHI	CH YOUR SC	HOOL RECOR	DS ARE MAI	NTAINED, IF UN	IDER A DIFFERE	ENT NAME THAN
ABOVE:						
HAVE YOU EVER PLED "GUILTY" OR "NO CONTEST", OR BEEN CONVICTED OF A CRIME?   YES  NO EXPLAIN:						
ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENCE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR						
WILL BE TAKEN INTO CONSIDERATION.						

List your employers (minimum of last 5 years). Please Note: your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers is critical. Even if you have a resume, you must complete this section and also attach resume.

1. EMPLOYER:			ADDRESS:		
FROM: MO/YR	TO: MO/YR	HOURS PE	R WEEK:	YOUR TITLE:	
SUPERVISOR:	TELEPHON	E: FA	X:		
NO. & TYPE OF EMPLOYEES YOU SUPERVISED:					
DUTIES:					
REASON FOR LEA	AVING:				
MAY WE CONTAC	T FOR REFERENCE	?			
2. EMPLOYER:			ADDRESS		
FROM: MO/YR	TO: MO/YR	HOURS PE			
SUPERVISOR:	TELEPHON				
NO. & TYPE OF E	 MPLOYEES YOU SU	PERVISED:			
DUTIES:					
REASON FOR LEAVING:					
MAY WE CONTACT FOR REFERENCE?					
0 FMDLOVED			1 4 5 5 5 6 6	00	
3. EMPLOYER:			ADDRESS		
FROM: MO/YR	TO: MO/YR	HOURS PE		YOUR TITLE:	
SUPERVISOR:	TELEPHON		X:		
NO. & TYPE OF EMPLOYEES YOU SUPERVISED:					
DUTIES:					
DE400N 505 : 5	N/INO				
REASON FOR LEAVING:					
MAY WE CONTACT FOR REFERENCE?					

4. EMPLOYER:		ADDRESS:		
FROM: MO/YR	TO: MO/YR	HOURS PE	R WEEK:	YOUR TITLE:
SUPERVISOR:	TELEPHON	E: FAX	X:	
NO. & TYPE OF E	MPLOYEES YOU SU	IPERVISED:		<u> </u>
DUTIES:				
REASON FOR LEA	AVING:			
MAY WE CONTAC	T FOR REFERENCE	Ξ?		
5. EMPLOYER:			ADDRES	S:
FROM: MO/YR	TO: MO/YR	HOURS PE	R WEEK:	YOUR TITLE:
SUPERVISOR:	TELEPHON	E: FAX	X:	
NO. & TYPE OF E	MPLOYEES YOU SU	IPERVISED:		
DUTIES:				
REASON FOR LEA	AVING:			
MAY WE CONTACT FOR REFERENCE?				
6. EMPLOYER:			ADDRES	S:
FROM: MO/YR	TO: MO/YR	HOURS PE	R WEEK:	YOUR TITLE:
SUPERVISOR:	TELEPHON	E: FAX	X:	
NO. & TYPE OF EMPLOYEES YOU SUPERVISED:				
DUTIES:				
REASON FOR LEAVING:				
MAY WE CONTAC	T FOR REFERENCE	Ξ?		

Salary you would consider appropriate for job \_\_\_\_\_

List four (4) references with address, phone numbers and rela	tionship.
1	2
3	4
AVAILABILITY:	
WHAT DATE CAN YOU START?	
CHECK TYPE OF EMPLOYMENT YOU WOULD ACCEPT:	
Applicant Statement I understand that any information provided by me that is found will be sufficient cause to (i) cancel further consideration of this employer's service whenever it is discovered.	
I expressly authorize, without reservation, the employer, its repinformation from all references (personal and professional), eneducational institutions and to otherwise verify the accuracy of or job interview. I hereby waive any and all rights and claims I or representatives for seeking, gathering and using such informations or organizations for furnishing such information as	mployers, public agencies, licensing authorities and f all information provided by me in this application, resume I may have regarding the employer, its agents, employees mation in the employment process and all other persons,
I understand that the employer does not unlawfully discriminat for the purpose of limiting or excusing any applicant from cons applicable local, state or federal law.	
If I am hired, I understand that I am free to resign at any time of employer reserves the same right to terminate my employment except as may be required by law. This application does not of specified period or definite duration. I understand that no supermake any assurances to the contrary and that no implied, oral language are valid unless they are in writing and signed by the	at at any time with or without cause and without prior notice, constitute an agreement or contract for employment for any ervisor or representative of the employer is authorized to or written agreements contrary to the foregoing express
I also understand that if I am hired, I will be required to provide States and that federal immigration laws require me to comple	
DO NOT SIGN UNTIL YOU HAVE READ THE ABOUT I certify that I have read, fully understood and accept all terms	
Signature of Applicant	Date

The Wyoming Business Council is an Equal Opportunity employer, committed to providing a work environment and employment opportunities free from discrimination of any kind. Hiring, promotion, training, personnel and all other policies were created in accordance with individual job-related qualifications and without regard to race, color, sex age, national origin, religion or physical handicap.