



Catholic Charities Of Wyoming

Employment Application

Equal Opportunity Employer

We do not discriminate on the basis of race, religion, national origin, color, sex, age, veterans status, or handicap. It is our intention that all qualified applicants be given equal opportunity and that selection decisions are based on job-related factors.

Return to: Catholic Charities of Wyoming, PO Box 1026, Torrington, WY 82240

2315 Bent Ave, Cheyenne, WY 82003

Employment at Catholic Charities of Wyoming is on at "At Will" basis and employees may be terminated at any time without cause by the Executive Director. Nothing herein contained shall be construed to be a contract between employer and employee or as containing binding terms and conditions of employment.

INSTRUCTIONS: Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on the application. **PLEASE PRINT OR TYPE**, except for signature on back page of application.

Date of Application: _____
Application for the position of:

Phone Number:
Home: () _____
Work () _____
(Enter only if we may contact you at work)
Cell: () _____

Name

Last First Middle
Social Security Number: _____
Address: _____
City _____ **State:** _____
Zip: _____

Are you 21 or older?
____ Yes ____ No

Date of Birth: ___/___/___ (for jobs with minimum age requirements) if you are applying for a job with minimum age requirements, you may be required to submit proof of age.
Are you a citizen of the United States or do you have a valid work permit? ____ Yes ____ No

HEALTH
Would you take a physical examination if required? ____ Yes ____ No

Date of last TB test: _____

MILITARY
Military Status:
Active Duty Service: _____
Branch of Service: _____
Service Duties/Special Training: _____
Are you a member of a Reserve Organization? ____ Yes ____ No

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GENERAL

Were you ever employed here? Yes No If yes, When? _____

Have you ever applied here before? Yes No If yes, When? _____

Are you related to any current employee at Catholic Charities Yes No

If yes, name of Employee _____

How are you related: _____

Have you ever been convicted of any law violation, *excluding a minor moving traffic violation*?

Yes No If yes, Please

Explain _____

Have you ever been listed on the Child Abuse/Neglect Registry? Yes No

If yes, which state? _____

Upon employment, do you agree to a criminal background check, and an Abuse/Neglect background check?

Yes No

Have you missed any work during the past six months? Yes No

If yes, how much? _____

Are you now, or do you expect to be engaged in any other business or employment? Yes No

If yes, please explain: _____

Do you have a valid Driver's License? Yes No

Drivers License number: _____ State _____ Class: _____

Has your driver's license ever been suspended or revoked in the last three years? Yes No

If yes, explain: _____

Education : Circle the highest grade you have completed: 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16

Name/Location of School	Credits Earned	Degree	Field of Study	Dates Attended

Special Qualifications and Skills: i.e. (Professional License, Certificates, Foreign Languages, Publications, Data Input speed: _____

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Work History

Experience: The selection process for most positions involves an evaluation of education and experience. It is important that you provide enough details so that your qualifications can be properly evaluated. Start with your present job and work back. Include military service, volunteer experience, and any periods of unemployment. Please be sure to list addresses and phone numbers of all employers.

Employer: _____
Address: _____
Job Title: _____
Immediate Supervisor: _____ Phone: _____
Employment: From ____/____/____ to ____/____/____ Salary (Start) \$ _____ Final \$ _____
Duties: _____

Reason for leaving: _____

Employer: _____
Address: _____
Job Title: _____
Immediate Supervisor: _____ Phone: _____
Employment: From ____/____/____ to ____/____/____ Salary (Start) \$ _____ Final \$ _____
Duties: _____

Reason for leaving: _____

Employer: _____
Address: _____
Job Title: _____
Immediate Supervisor: _____ Phone: _____
Employment: From ____/____/____ to ____/____/____ Salary (Start) \$ _____ Final \$ _____
Duties: _____

Reason for leaving: _____

If additional employment listings are needed, please attach information to this application on a separate sheet of paper or request copies page 3 of CCW application.

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Is any additional information relative to change of name, use of assumed name, or nickname necessary to enable us to check your employment record? ____Yes ____No _____(Name)
Are you presently employed? ____Yes ____No if yes, may we contact your present employer ____Yes ____No
Have you ever been fired from a job or asked to resign? ____Yes ____No

REFERENCES : List three references. Personal references. Do not use relatives or present or former supervisors or employers. Please print name, address and telephone number for each reference.

Name: _____
Address: _____
City: _____ State _____ Zip _____
Telephone : () _____ Occupation _____

Name: _____
Address: _____
City: _____ State _____ Zip _____
Telephone : () _____ Occupation _____

Name: _____
Address: _____
City: _____ State _____ Zip _____
Telephone : () _____ Occupation _____

INVESTIGATIVE CONSUMER REPORT

In making this application for employment, it is understood that an investigation may be made whereby information is obtained through personal interviews with your neighbors, friends and others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. You have the right to make a written request within a reasonable period of time for complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in the questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications. I hereby release said companies, schools or persons named above from all liability for any damage issuing this information. I certify that all statement and answers to questions about my health are true and was made by me without any reservation. I expressly waive all provisions of law prohibiting any physician, person, hospital or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I understand that there is no express or implied contract of employment and that if employed I have been fired at the will of the employer and that my employment may be terminated at will, at any time; and with or without cause. The employer's only obligation being to pay salary or wages due and owing at the time of termination. Finally, I understand that all company property must be returned and my indebtedness to the company must be paid before my termination. I authorize the company to deduct from my final paycheck (s) all monies due and owing to the company.

Signature: _____ Date _____