



# Application for Employment

## Community Entry Services

2441 Peck Avenue

Riverton, WY 82501

### An Equal Opportunity Employer

Community Entry Services does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Positions Applied For:		Date:	
Last Name:	First Name:	Middle Name:	
Address:	City:	State:	Zip Code:
Telephone numbers:		Last four numbers	Social Security Number

Are you 18 years of age or older? *If you are hired, you may be required to submit proof of age.*

Yes  No

Have you ever filed an application with CES before?

Yes  No

If "yes," please give date.

\_\_\_\_\_

Have you ever been employed with CES before?

Yes  No

If "yes," please give date.

\_\_\_\_\_

If hired, can you furnish proof that you are eligible to work in the United States?

Yes  No

On what date would you be available for work?

\_\_\_\_\_

**Check all that apply.**

Are you available to work:  Full Time  Part Time  Temporary  Weekends  Evenings  Nights  Days

List any CES areas in which you WILL NOT accept employment: \_\_\_\_\_

Have you ever been convicted of a law violation (include any plea of "guilty" or "no contest," exclude minor traffic violations).

Yes  No

If "yes," please explain: \_\_\_\_\_

Does your name appear on the Department of Family Services Registry for Abuse or Neglect?

Yes  No

Please tell us where you heard about this position:

Employment Agency  Friend  Newspaper  Radio  Relative

## Education

	High School / GED				Voc / Technical				Undergraduate College / University				Graduate / Professional			
School Name and Location <i>Include City and State</i>																
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4	1	2	3	4
GED/Diploma/Degree																
Describe Course of Study																
Describe any honors you have received																

List professional, trade, business or civic activities and offices held. *Exclude memberships which would reveal sex, race, color, religion, national origin, age, disability or other protected status.*

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## Skills and Qualifications

Summarize any special job-related skills acquired from employment, volunteer work or other experience.

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## References

Give the name, address (including city and state), and telephone number of at least three references whom are not related to you and are not previous employers.

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# Employment Experience

This section ***must*** be completed. Resumes ***may not*** be substituted.

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time, including military service and any periods of unemployment. If self-employed, give firm name and supply business references. *A job offer may be contingent upon acceptable references from current and/or former employers.*

Employer		Dates Employed (Month/Year)		Work Performed
Address Including City and State		From	To	
Telephone Number(s)		Hourly Rate / Salary		
Job Title	Supervisor	Starting	Final	
Reason For Leaving				
Employer		Dates Employed (Month/Year)		Work Performed
Address Including City and State		From	To	
Telephone Number(s)		Hourly Rate / Salary		
Job Title	Supervisor	Starting	Final	
Reason For Leaving				
Employer		Dates Employed (Month/Year)		Work Performed
Address Including City and State		From	To	
Telephone Number(s)		Hourly Rate / Salary		
Job Title	Supervisor	Starting	Final	
Reason For Leaving				

Name Of Employer	City, State	Dates Employed (Month/Year)		Hourly Rate / Salary		Reason For Leaving
		From	To	Starting	Final	

Have you worked or attended school under any other name?  Yes  No

If "yes," give names: \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Have you ever been fired from a job or asked to resign?  Yes  No

If "yes," please explain: \_\_\_\_\_

# Driving Record

The following information is requested if you are applying for a position in which you will be required to drive a company vehicle, or a personal vehicle for employment purposes. If this section is not completed, you will not be considered for employment in these positions.

<b>Valid Driver's License</b>			
Number: _____	State: _____	Class: _____	Expires: _____
Have you ever been convicted of driving while under the influence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "yes," please give date(s) _____			
Please give explanation of what happened: _____			
_____			
Have you ever been the driver in an automobile accident?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date(s): _____	Location: _____		
Traffic Violations:			
Date(s): _____	Location: _____		
Type: _____	_____		

## Applicant's Statement

Please read each statement carefully before signing.

I certify that all information provided during this employment application process is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that if I am hired, a background information check, including the taking of fingerprints, will be completed through the Wyoming Division of Criminal Investigation, The Federal Bureau of Investigation, Department of Family Services, and The Department of Transportation. I also understand that I am not eligible for employment if I have been convicted of an act against a person or family and/or my name appears on the Department of Family Services Central Registry for abuse/neglect.

I authorize the investigation of any or all statements provided during the process of this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I hereby consent to a pre and/or post-employment drug screening as a condition of employment, if required.

***I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT, NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE C.E.O. OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD, AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE C.E.O. AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT NOTICE.***

I have read, understand, and by my signature, consent to the preceding statements.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

This application will remain active for a limited time. Ask the organization's representative for details