



Community Health Center of Central Wyoming
Application for Employment

Community Health Center of Central Wyoming
is an Equal Opportunity Employer

Human Resources Department
1522 East "A" Street
Administration, 2nd Floor
Casper, WY 82601
Phone: (307) 233-6000
Fax: (307) 235-6202

Name (print or type) Last First Middle
Address
City/State/Zip
Home Telephone Work Telephone
Email Address
May you be contacted at work? Yes No
Under the age of 18? Yes No
Have you ever been convicted of a felony? Yes No
I grant permission to conduct a background check Yes No
If your application receives favorable consideration, when will you be available to begin work?
EDUCATION
List grade completed K-12 GED
Business or Trade School months
School:
Program:
Certificate/Degree:
College or University years
School:
Undergrad. Major:
Year Graduated:
Grad Degree: Masters Doctorate
School:
Major:
Year Graduated:

What position are you applying for? How did you hear about this position?

CLERICAL SKILLS INVENTORY
Typing (wpm) Word Processing Spreadsheet Data Entry
Desk Top Transcription 10-Key Bookkeeping Receptionist
Personnel/Payroll Budget Planning Purchasing Travel Planning

SPECIAL TRAINING/SKILLS:

WORK EXPERIENCE
List your employers, starting with your current or most recent employer. It may be helpful to attach a resume. HOWEVER, the work experience section is required even though a resume may be attached. You may also show volunteer experience.

Current or Last Employer Salary Length of Experience
City/State: Phone # From: to
Supervisor: Reason for leaving: Total: Years Months
Position Title Full time Yes No
Did you supervise others? Yes No If so, how many supervised? Part time (#hrs/week)
Major Duties/activities:

Employer Salary Length of Experience
City/State: Phone # From: to
Supervisor: Reason for leaving: Total: Years Months
Position Title Full time Yes No
Did you supervise others? Yes No If so, how many supervised? Part time (#hrs/week)
Major Duties/Activities:

Employer _____	Salary _____	<i>Length of Experience</i>
City/State: _____	Phone # _____	
Supervisor: _____	Reason for leaving: _____	From: _____ to _____
Position Title _____		Total: ____ Years ____ Months
Did you supervise others? ____ Yes ____ No If so, how many supervised? _____		Full time ____ Yes ____ No
Major Duties/Activities: _____		Part time _____ (#hrs/week)

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

_____ (Employer's Name)	_____ Reason
_____	_____

References

(Please do not include relatives or former employers)

1.

_____ Name	_____ Years Known
_____ Address	_____ Telephone
_____ Occupation	

2.

_____ Name	_____ Years Known
_____ Address	_____ Telephone
_____ Occupation	

3.

_____ Name	_____ Years Known
_____ Address	_____ Telephone
_____ Occupation	

Salary/Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?

\$ _____ per _____

I certify that all information given on this application, supporting documents, and interviews are correct to the best of my knowledge. I understand that giving false information may disqualify my application or result in termination. I understand that refusal to allow a background check will disqualify my application for employment. I understand that this application is not a contract of employment and that employment by CHCCW is at will. I agree that the CHCCW may require my participation in retirement plans while employed. I further authorize the CHCCW to investigate all statements made on my application for employment. I authorize such educational institutions and employers and others (and their agents or employees) to respond to questions concerning information given on this application and I further release from liability CHCCW, such former employers, institutions, or persons providing such information. I understand that no offer or benefits such as insurance, vacation or salary rate is final until approved by the Human Resources Department. I will be required to serve an orientation period during which time I may be terminated in accordance with CHCCW policy. Federal law prohibits the employment of unauthorized aliens.

All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, social security card, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

SIGNATURE _____ DATE _____