



511 W. 19th St
 Cheyenne, WY 82001
 307-632-3339

APPLICATION FOR EMPLOYMENT

Name: _____ Are you 18 or older? Y N
 Address: _____ Are you 21 or older? Y N
 _____ Phone: _____
 E-Mail: _____ Alt. Phone: _____
 Position Sought: _____

Do you prefer FULL TIME or PART TIME (circle one)?

If part time, specify days & hours available.

MON _____ TUES _____ WED _____ THURS _____ FRI _____

Preferred age group: Infants Toddlers Preschool Grade School

Why? _____

Date available for work: _____

Educational Background

High School: _____ Last year completed 1 2 3 4
 Location: _____ Did you graduate: YES NO

College: _____ Last year completed 1 2 3 4
 Location: _____ Degree Earned? YES NO

College: _____ Last year completed 1 2 3 4
 Location: _____ Degree Earned? YES NO

Graduation Date: _____
 Field of Study _____
 Graduation Date: _____
 Field of Study _____

Do any of these apply to you?

- I am currently certified in Pediatric First Aid & CPR
- I have completed a TB test and can provide a copy of those results
- I have attached or can provide a copy of my transcripts and relevant training records
- I am willing to participate in occasional after-hours programs
- I understand that additional training requirements may be required by WY Dept of Family Services & NAEYC

Personal References

Name: _____ Relationship: _____
e-mail: _____ Phone: _____
Name: _____ Relationship: _____
e-mail: _____ Phone: _____
Name: _____ Relationship: _____
e-mail: _____ Phone: _____

Employment History

Employer: _____ Position Held: _____
Address: _____ Hourly Wage: _____
Phone: _____ Supervisor: _____ May we contact? _____
Dates Employed: from _____ to _____ Reason for Leaving _____
Description of Responsibilities: _____

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The facts and information set forth in this application are true and correct. I understand that, if employed, false statements on this application shall be considered sufficient cause for dismissal.

Signature _____ Date _____