

Uinta B.O.C.E.S #1 Education Center

Application for Employment

Personal Information

Name: Last	First	Middle	Today's Date:	
Mailing Address: (Box/Street)		City	State	Zip
Home Phone	Work Phone		Social Security #	

Position(s) for which you wish to be considered (Check all that apply)

<input type="checkbox"/> Instructor	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Office Professional Substitute
<input type="checkbox"/> Computer Technology	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Custodial Substitute
<input type="checkbox"/> Lawn/Grounds	<input type="checkbox"/> Temporary	<input type="checkbox"/> Other:
<input type="checkbox"/> Custodial/Janitorial		
<input type="checkbox"/> Office Professional		
<input type="checkbox"/> Other:		

Date Available for Employment: _____

Have you ever been employed with Uinta B.O.C.E.S. #1 Evanston Center? YES NO
If YES, What Position: _____ Date: _____

Can you, after employment, submit verification of your legal right to work in the United States? YES NO

Have you ever been discharged or asked to resign by a previous employer? YES NO
*If YES, please explain: _____

Have you ever been convicted of any crime? YES NO
*If YES, please explain: _____

*The Center will review the nature of the offense, the date of the offense, and the relationship between offenses and the position for which the person is applying before making a determination concerning impact upon consideration for employment.

Employment Experience

1). Employer		Telephone No.	
Mailing Address: (Box/Street)	City	State	Zip
Job Title/Position		Supervisor	
Dates Employed		Reason For Leaving	
From:	To:		

Employment Experience

2). Employer		Telephone No.	
Mailing Address: (Box/Street)	City	State	Zip
Job Title/Position		Supervisor	
Dates Employed		Reason For Leaving	
From:	To:		

Employment Experience

3). Employer		Telephone No.	
Mailing Address: (Box/Street)	City	State	Zip
Job Title/Position		Supervisor	
Dates Employed		Reason For Leaving	
From:	To:		

May we contact employers listed above:

YES NO

If NO, indicate which one(s) you do not wish us to contact: _____

Special Skill and Qualifications

Summarize Special Skills and Qualifications acquired from employment or other experience:

Education

List All attended; (High School, College, Trade/Business)

Institution				
Mailing Address (Box/Street)		City	State	Zip
Number of years attended	Did you graduate?	YES	NO	Degree Received

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Number of years attended	Did you graduate?	YES	NO	Degree Received

Institution				
Mailing Address (Box/Street)		City	State	Zip
Number of years attended	Did you graduate?	YES	NO	Degree Received

References

List below the names of three (3) persons not related to you, whom you have known a minimum of one year.

Name: Last			
Mailing Address (Box/Street)	City	State	Zip

Name: Last	First	Telephone No.	
Mailing Address (Box/Street)	City	State	Zip

Name: Last	First	Telephone No.	
Mailing Address (Box/Street)	City	State	Zip

Narrative Statement

Discuss briefly those unique qualities that you possess which would enhance your position as a potential employee at *Uinta B.O.C.E.S. #1 Education Center*.

Applicant Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that I must re-apply for each opening that I am interested in. I understand that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Uinta B.O.C.E.S. #1 Evanston Education Center does not discriminate on the basis of race, color, national origin, sex, age, or disability in admission or access to, or treatment or employment in its educational programs or activities.

RETURN THIS APPLICATION TO:

HUMAN RESOURCE OFFICE
Uinta B.O.C.E.S. #1 Education Center
1013 West Cheyenne Drive, Suite A
Evanston, Wyoming 82930

Phone: 307-789-5742

Fax: 307-789-7975