

Employer	Work Performed
Address Telephone	
Job Title Dates From: To:	
Supervisor May we contact this employer? () Yes () No	
Reason for Leaving	

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SKILLS

Summarize special skills, qualifications and equipment used:

EDUCATION

	High School 9 10 11 12 GED	College/University 1 2 3 4	Graduate/Professional 1 2 3 4	Major
Years Completed				
Diploma/Degree/ Certificate				
Other Education/ Training				

PERSONAL/PROFESSIONAL REFERENCES

List three references other than relatives:

<u>Name</u>	<u>Address</u>	<u>Telephone Number</u>	<u>Occupation</u>	<u>Length of Acquaintance</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PERSONAL DATA

1. During the past three years, approximately how many days have you been absent from work or school because of accident or illness unrelated to a physical or mental disability or handicap? _____

2. Do you have any physical or health problems, if provided reasonable accommodations, which would prevent you from carrying out your job duties? _____

3. Present Position: _____ 4. Present Salary: \$ _____ / _____

5. Why do you wish to leave your present position? _____

6. On what date would you be available for work? _____

7. Have you ever been convicted of or pled nolo contendere to or otherwise received a deferred sentence in consideration of fulfilling the terms of probation as to any felony or any crime relating to child abuse or neglect, or any crime relating to sexual abuse of a minor? If so, explain: _____

8. Will you consent to the release of any or all information or records maintained by the Wyoming Department of Family Services concerning you and sign the appropriate release so that such records may be released to Northwest Wyoming Board of Cooperative Educational Services? () Yes () No

9. Pursuant to the provisions of W.S. S21-7-401, any employee who is to be hired by the Northwest Wyoming Board of Cooperative Educational Services on or after July 1, 1996, who may have access to minors, is required to submit to fingerprinting for the purpose of obtaining state or national criminal history record information before employment. Do you consent to provide the appropriate fingerprinting and other information for NW BOCES to conduct a criminal background check? () Yes () No

AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned applicant/employee, hereby expressly authorize NW BOCES, its director, principals, agents, employees, and other authorized representatives thereof, to make any investigation in my personal or employment history including, but not limited to, investigation of my personal or employment history, federal and/or state criminal, law enforcement or traffic records. I specifically authorize those persons who have access to such information to make copies of all prior personal and employment history records and the records of any and all law enforcement agencies, courts, and social service agencies. I further authorize representatives of any agency contacted by agents or representatives of NW BOCES to release and make copies of such records in connection with my application for employment with NW BOCES. I further authorize any former employer, person, firm, corporation, credit agency, administrative body, or governmental or law enforcement agency, Department of Family Services, Department of Criminal Investigation, or other entity, to give to NW BOCES as set forth above, any information, oral or written, they may have regarding me. In consideration of the review of my employment application, by said NW BOCES and its authorized agents as set forth above, I do hereby release and hold harmless NW BOCES and any person, entity or agency providing them with information from any liability or claims resulting from the release of this information.

Applicant

APPLICANT STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge.

If necessary for employment in a specific position, you may be required to have a physical examination, drug screen, or provide evidence of citizenship.

Date

Applicant

This application will be kept for one (1) year, however, each time a new position opens up which you desire to be considered for, you must notify NW BOCES of your intent to reactivate your application; or if more than one year has passed, submit a new application.

STATE LAW PROHIBITS US FROM HIRING EMPLOYEES UNTIL A BACKGROUND CHECK AND A TB TEST HAVE BEEN COMPLETED. ONCE WE HAVE RECEIVED THE RESULTS OF THE BACKGROUND CHECK AND TB TEST, WE WILL DECIDE WHETHER TO HIRE YOU OR NOT. IF WE HIRE YOU, YOU WILL BE HIRED AS AN AT-WILL EMPLOYEE. NOTHING IN THIS EMPLOYMENT APPLICATION OR IN ANY OTHER NORTHWEST WYOMING BOCES STATEMENTS OR GUIDELINES, OR IN ANY COMMUNICATION WITH ANY NORTHWEST WYOMING BOCES OFFICIAL IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT BETWEEN THE NORTHWEST WYOMING BOCES AND YOU.

APPLICANT

Revised 2/2015
Reviewed 8/2016
Revised 11/2016