

APPLICATION FOR EMPLOYMENT

Children's Resource Center
558 E 2nd St, Powell, Wyoming 82435
307-754-2864

Children's Resource Center is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, they should contact the organization's Human Resources Director.

Please fill out all sections below:

Applicant Information

Applicant Name: _____

Address: _____

City, State and Zip

Code: _____

Telephone Number: _____

Email Address: _____

Date of Application: _____

Employment Position

Position(s) applying for: _____

How did you hear about this position? _____

On what date can you start working if you are hired? _____

If you are applying for a certified position such as a Speech Language Pathologist, Occupational Therapist, Physical Therapist, Special Education or Classroom Teacher, are you currently licensed or certified in the State of Wyoming?

If yes, please list certification type, number, and expiration date.

Personal Information

Do you have any friends, relatives, or acquaintances working for Children's Resource Center

Yes No

If yes, state name & relationship:

Are you 18 years of age or older?	Yes	No
Are you a U.S. citizen or approved to work in the United States?	Yes	No
Can you provide proof of citizenship or legal status?	Yes	No
Have you ever been convicted of a criminal offense (felony or misdemeanor)?	Yes	No

If yes, please state the nature of the crime(s), when and where convicted:

Have you ever had any indicated findings of child abuse in your name?	Yes	No
Does your name appear on any Sex Offender Database in any state or country?	Yes	No

Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

Do you have any condition which would require job accommodations?	Yes	No
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If yes, please describe accommodations required below.

(Note: Children's Resource Center complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Education and Training

High School

Name	Location (City, State)	Year Graduated	Degree Earned

College/University

Name	Location (City, State)	Year Graduated	Degree Earned

Vocational School/Specialized Training

Name	Location (City, State)	Year Graduated	Degree Earned

Previous Employment

Employer Name:

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name:

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

Employer Name:

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City, State and Zip Code: _____

Employer Telephone: _____

Dates Employed: _____

Reason for leaving: _____

References

Please provide 3 professional references below:

Reference	Contact Information

Additional Information:

Do you have a driver's license? Yes No

Driver's license number: _____ State issued in: _____

Do you have reliable transportation to and from work? Yes No

Have you had any accidents or moving violations in the last three years? If yes, please explain.

Are you willing to travel within the boundaries of Region 1 (Park, Big Horn, Washakie, and Hot Springs Counties)? Yes No

AT-WILL EMPLOYMENT

Employment with Children's Resource Center (CRC) is voluntary and is subject to termination by the employee or CRC at will, with or without cause, and with or without notice, at any time. The policy of at-will employment may not be modified by any director or employee and will not be modified in any publication or document. The only exception is a written employment agreement approved and signed by the Children's Resource Center's Board of Directors.

Applicant
Signature: _____

Dated: _____