



Office of Tourism  
**EMPLOYMENT APPLICATION**

Return To:  
Human Resources  
214 W. 15<sup>th</sup> Street  
Cheyenne, WY 82002  
Telephone: 307-777-2823, Fax: 307-777-2837

EQUAL ACCESS TO PROGRAMS, SERVICES AND EMPLOYMENT IS AVAILABLE TO ALL PERSONS. THOSE APPLICANTS REQUIRING REASONABLE ACCOMMODATION TO THE APPLICATION AND/OR INTERVIEW PROCESS SHOULD NOTIFY THE HUMAN RESOURCES DEPARTMENT.

LAST NAME		FIRST NAME			MIDDLE INITIAL
MAILING ADDRESS	CITY	STATE	ZIP	HOME PHONE	
IF YOU HAVE BEEN EMPLOYED OR ATTENDED SCHOOL UNDER OTHER NAMES, LIST NAMES AND DATE OF USE:					
DO YOU HAVE A HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE: YES <input type="checkbox"/> NO <input type="checkbox"/>					
POSITION YOU ARE APPLYING FOR:					
HOW DID YOU HEAR ABOUT THIS POSITION?					
HIGH SCHOOL/LOCATION:					
COLLEGE OR VOCATIONAL SCHOOL AND LOCATION	MAJOR	MINOR	DEGREE EARNED		
LIST OTHER JOB-RELATED SPECIAL QUALIFICATIONS AND SKILLS. INCLUDE COMPUTER SKILLS, SKILLS WITH MACHINES, MEMBERSHIPS IN PROFESSIONAL ASSOCIATIONS, AWARDS, PUBLICATIONS, LICENSES OR REGISTRATIONS (GIVE NUMBERS AND EXPIRATION DATES), ETC.:					
PLEASE GIVE THE NAME UNDER WHICH YOUR SCHOOL RECORDS ARE MAINTAINED, IF UNDER A DIFFERENT NAME THAN ABOVE:					
HAVE YOU EVER PLED "GUILTY" OR "NO CONTEST", OR BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN:					
ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENCE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO CONSIDERATION.					

List your employers (minimum of last 5 years). Please Note: your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers is critical. Even if you have a resume, you must complete this section and also attach resume.

1. EMPLOYER:			ADDRESS:		
FROM: MO/YR	TO: MO/YR	HOURS PER WEEK:	YOUR TITLE:		
START SALARY: \$ PER	END SALARY: \$ PER	SUPERVISOR:	TELEPHONE:	FAX:	
NO. & TYPE OF EMPLOYEES YOU SUPERVISED:					
DUTIES:					
REASON FOR LEAVING:					
MAY WE CONTACT FOR REFERENCE?					

2. EMPLOYER:			ADDRESS:		
FROM: MO/YR	TO: MO/YR	HOURS PER WEEK:	YOUR TITLE:		
START SALARY: \$ PER	END SALARY: \$ PER	SUPERVISOR:	TELEPHONE:	FAX:	
NO. & TYPE OF EMPLOYEES YOU SUPERVISED:					
DUTIES:					
REASON FOR LEAVING:					
MAY WE CONTACT FOR REFERENCE?					

3. EMPLOYER:			ADDRESS:		
FROM: MO/YR	TO: MO/YR	HOURS PER WEEK:	YOUR TITLE:		
START SALARY: \$ PER	END SALARY: \$ PER	SUPERVISOR:	TELEPHONE:	FAX:	
NO. & TYPE OF EMPLOYEES YOU SUPERVISED:					
DUTIES:					
REASON FOR LEAVING:					
MAY WE CONTACT FOR REFERENCE?					

4. EMPLOYER:			ADDRESS:		
FROM: MO/YR	TO: MO/YR	HOURS PER WEEK:	YOUR TITLE:		
START SALARY: \$            PER	END SALARY: \$            PER	SUPERVISOR:	TELEPHONE:	FAX:	
NO. & TYPE OF EMPLOYEES YOU SUPERVISED:					
DUTIES:					
REASON FOR LEAVING:					
MAY WE CONTACT FOR REFERENCE?					

5. EMPLOYER:			ADDRESS:		
FROM: MO/YR	TO: MO/YR	HOURS PER WEEK:	YOUR TITLE:		
START SALARY: \$            PER	END SALARY: \$            PER	SUPERVISOR:	TELEPHONE:	FAX:	
NO. & TYPE OF EMPLOYEES YOU SUPERVISED:					
DUTIES:					
REASON FOR LEAVING:					
MAY WE CONTACT FOR REFERENCE?					

6. EMPLOYER:			ADDRESS:		
FROM: MO/YR	TO: MO/YR	HOURS PER WEEK:	YOUR TITLE:		
START SALARY: \$            PER	END SALARY: \$            PER	SUPERVISOR:	TELEPHONE:	FAX:	
NO. & TYPE OF EMPLOYEES YOU SUPERVISED:					
DUTIES:					
REASON FOR LEAVING:					
MAY WE CONTACT FOR REFERENCE?					

Salary you would consider appropriate for job \_\_\_\_\_

List four (4) references with address, phone numbers and relationship.

1. _____	2. _____
_____	_____
_____	_____
_____	_____
3. _____	4. _____
_____	_____
_____	_____
_____	_____

**AVAILABILITY:**

WHAT DATE CAN YOU START?
CHECK TYPE OF EMPLOYMENT YOU WOULD ACCEPT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> HRS/WK <input type="checkbox"/> TEMPORARY

**Applicant Statement**

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's CEO.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete and I-9 Form in this regard.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

I certify that I have read, fully understood and accept all terms of the foregoing Applicant Statement

\_\_\_\_\_  
Signature of Applicant Date

The Wyoming Business Council is an Equal Opportunity employer, committed to providing a work environment and employment opportunities free from discrimination of any kind. Hiring, promotion, training, personnel and all other policies were created in accordance with individual job-related qualifications and without regard to race, color, sex age, national origin, religion or physical handicap.