

# CONVERSE COUNTY AGING SERVICES, INC



Douglas Senior Center  
PO Box 192  
340 1st St. West  
Douglas, Wyoming 82633  
Phone: 307-358-4348 Fax: 307-358-3399

Glenrock Senior Center  
PO Box 783  
615 West Deer  
Glenrock, Wyoming 82637  
Phone: 307-436-9442 Fax: 307-309-5389

## APPLICATION FOR EMPLOYMENT

Converse County Aging Services (CCAS) provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state, or local laws.

### INTRODUCTORY INFORMATION:

Legal Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Mailing \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

### APPLICANT QUESTIONS:

Type of Work Desired: \_\_\_\_\_ Salary Desired: \_\_\_\_\_ Date Available: \_\_\_\_\_

Have you ever been convicted of, pled guilty, or no contest to a crime other than a minor traffic violation? Yes \_\_\_ No \_\_\_

If yes, please explain in detail on a separate sheet of paper including the date of final disposition of the case and the nature of the offense. The information will not necessarily disqualify you from employment, but false or misleading information will. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account.

**\*\*ALL PERSONS WILL AGREE TO A COMPLETE BACKGROUND CHECK AND DRUG/ALCOHOL TESTING PRIOR TO EMPLOYMENT\*\***

**EDUCATION:**

High School Graduation or GED Year: \_\_\_\_\_

Name & Address of School: \_\_\_\_\_

Number of Years Completed: \_\_\_\_\_ Degree/Diploma \_\_\_\_\_

College or Technical School

Name & Address of School: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Number of Years Completed: \_\_\_\_\_

Other Schooling or Training

Name & Address of School: \_\_\_\_\_

Course Study: \_\_\_\_\_ Number of Years: \_\_\_\_\_

Degree/Diploma: \_\_\_\_\_

**RECORD OF EMPLOYMENT:**

List positions starting with the most recent:

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Start Date: \_\_\_\_\_ Date Left: \_\_\_\_\_ Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

**WORK RELATED REFERENCES: (DO NOT INCLUDE RELATIVES):**

	Name	Occupation	Years Known	Phone
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

**STATEMENT (PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION)**

I understand employment with Converse County Aging Services (CCAS) is AT-WILL, meaning CCAS may terminate my employment at any time, for any reason with applicable state or federal law. I authorize CCAS to conduct a thorough background investigation of my work, personal history, and data given on the application and during interviews. I hereby release CCAS and its representatives or agents from any liability which might result from such an investigation. I authorize all individuals, schools, and firms named above to provide any requested information and release them from all liability for providing the information. I understand CCAS requires the successful completion of a drug and/or alcohol test as a condition of employment. I understand this application will be active for a period of 90 days. I certify all the statements in this completed application are true and understand any falsification or willful omission shall be cause for dismissal or refusal to hire.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_