



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:

Date of Application:_____ Legal Full Name:_____

Preferred name (if different from legal)_____

Address:_____ Mailing_____

City:_____ST_____ Zip:_____

Are you at least 18 years old? (Yes/No)?_____

Phone Number:_____ Email_____

APPLICANT QUESTIONS:

Are you legally authorized to work in the United States? (Yes/No)_____

Position desired:_____

How did you hear about this open position?

Type of Work Desired (FT/ PT/ PRN (as needed)):

How many hours per week do you prefer to work?

Salary Desired: Date Available to Start:

What days and times are you available to work?

Some positions in CCAS require team members to work hours during the weekends and or holidays. Are you okay with that? Yes No

Some positions require team members to have a valid driver's license and car insurance. Do you currently have these two items if needed? Yes No

Employment at CCAS is contingent upon successful completion of a background check. Are you willing to submit a background check as part of the hiring process? Yes No

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. ~

Employment at CCAS is contingent upon successful passing of a pre-employment drug screening. Are you willing to submit to a drug test? Yes No

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

EDUCATION:

Do you have a High School Diploma or G.E.D. (Yes/No):

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:

Still enrolled (Yes/No) Degree Awarded:

Other Schooling or Training

Name & Address of School:_____

Course Study:_____Number of Years:_____

Degree/Diploma:_____

Professional Licenses / Certifications (List issue date and expiration date if applicable)

RECORD OF EMPLOYMENT:

Have you ever been terminated or asked to resign from a job? Yes_____ No_____

If Yes, please explain:_____

List positions, starting with the most recent:

Employer:_____Phone:_____

Address:_____

Title:_____Supervisor:_____Start

Date:_____Date Left:_____Salary:_____Ending Salary:_____

Reason For Leaving:_____

May CCAS contact this employer for a reference check: Yes_____ No_____

Employer:_____Phone:_____

Address:_____

Title:_____Supervisor:_____Start

Date:_____Date Left:_____Salary:_____Ending Salary:_____

Reason For Leaving:_____

May CCAS contact this employer for a reference check: Yes_____ No_____

Employer:_____Phone:_____

Address:_____

Title:_____Supervisor:_____Start

Date:_____Date Left:_____Salary:_____Ending Salary:_____

Reason For Leaving:_____

May CCAS contact this employer for a reference check: Yes____ No____

WORK RELATED / PROFESSIONAL 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, employers, 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:_____