



# Wyoming Education Association Employment Application

Position Title Organizer/Grants Coordinator

**NOTE:** All Information should be clearly printed or typed.

Name \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Office Telephone Number \_\_\_\_\_

Social Security # **(LAST 4 DIGITS ONLY)** \_\_\_\_\_ E-mail Address \_\_\_\_\_

If you are known or referenced to by another name, please give name \_\_\_\_\_

When could you report for work? \_\_\_\_\_

Are you legally eligible to work in the U.S.? \_\_\_\_\_

*(Verification will be required upon hire)*

## EDUCATION

	Name & Location	Dates Attended	Major Field of Study	Specify Diploma, Degree, or Certificate received
High School				
Certified Technical/ Occupation Specific Training				
College or University				
Post Graduate Study				
Other (including military)				

## COMPLETE ALL SECTIONS

### EXPERIENCE: (Begin with most recent position.)

Employer	Dates of Employment From:                  To:	Salary Start:
Street                                  City & State                                  Zip	Job Title	Current: or Final:
Name and Title of Supervisor		Telephone Number
Reason for Leaving		
Duties		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer	Dates of Employment From:                  To:	Salary Start:
Street                                  City & State                                  Zip	Job Title	Current: or Final:
Name and Title of Supervisor		Telephone Number
Reason for Leaving		
Duties		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer	Dates of Employment From:                  To:	Salary Start:
Street                                  City & State                                  Zip	Job Title	Current: or Final:
Name and Title of Supervisor		Telephone Number
Reason for Leaving		
Duties		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

Employer	Dates of Employment From:                  To:	Salary Start:
Street                                  City & State                                  Zip	Job Title	Current: or Final:
Name and Title of Supervisor		Telephone Number
Reason for Leaving		
Duties		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		

(Use additional sheets, if necessary)

Have you ever been convicted as an adult of a crime, excluding minor traffic offenses?  Yes  No

If "yes," please explain: \_\_\_\_\_

In compliance with the Landrum Griffin Act, conviction for certain crimes disqualifies an individual for employment with WEA for a specified period of time. If you have checked "yes" above, a representative of WEA will discuss this matter with you before you continue to pursue this vacancy.

Please list three (3) references that have extensive knowledge of your experience and qualifications. Include their contact information.

REFERENCE 1

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCE 2

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REFERENCE 3

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above information is accurate and complete to the best of my knowledge. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between WEA and myself, and that any willful falsification of this application may be grounds for dismissal if subsequently hired. I further understand that, if I accept an offer of employment, I am required to provide acceptable documentation of my identity and authorization to work in the United States as required by the Immigration Reform and Control Act.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date