

**STATE OF WYOMING
EMPLOYMENT APPLICATION
AN EEO/ADA EMPLOYER**

**IMPORTANT: READ INSTRUCTIONS ON THIS PAGE BEFORE COMPLETING THE APPLICATION.
TYPE OR PRINT IN INK ONLY.**

IMPORTANT INSTRUCTIONS FOR COMPLETING THE STATE OF WYOMING EMPLOYMENT APPLICATION

- A. **TWO APPLICATIONS MUST BE SUBMITTED FOR EACH CLASS CODE NUMBER.** COPIES ARE ACCEPTABLE IF EACH HAS AN ORIGINAL SIGNATURE, THE CORRECT JOB TITLE, CLASS CODE NUMBER AND IS THE SAME SIZE AS THE ORIGINAL APPLICATION.
- B. INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.
- C. APPLICATIONS ARE ACCEPTED **ONLY** FOR CLASS CODES FOR WHICH RECRUITMENT IS CURRENTLY BEING CONDUCTED.
- D. EXCESSIVE OR NONESSENTIAL ATTACHMENTS WILL **NOT** BE REFERRED TO THE HIRING AGENCY. ONLY INFORMATION NECESSARY TO COMPLETE THE APPLICATION SHOULD BE ATTACHED. EXAMPLES OF WORK, AWARDS, LETTERS, ETC., MAY BE TAKEN TO THE EMPLOYMENT INTERVIEW.
- E. THIS APPLICATION FORM AND ITS ATTACHMENTS ARE OFFICIAL PROPERTY OF THE STATE AND **CANNOT BE RETURNED, REUSED OR COPIED AFTER BEING PROCESSED.** YOU SHOULD RETAIN A COPY OF THIS APPLICATION FOR FUTURE USE OR REFERENCE.
- F. THIS APPLICATION, IF APPROVED, WILL BE KEPT ON FILE FOR A PERIOD OF ONE YEAR.
- G. YOU MUST NOTIFY THE HUMAN RESOURCES DIVISION IN WRITING OF ANY CHANGE OF ADDRESS OR PHONE NUMBER.

COMPLETION OF THIS SECTION IS REQUIRED TO SATISFY FEDERAL EQUAL OPPORTUNITY STATISTICAL REPORTING AND RESEARCH REQUIREMENTS. THIS SECTION WILL BE DETACHED FROM THE APPLICATION AFTER PROCESSING AND WILL NOT BE MADE AVAILABLE TO HIRING AGENCIES. ANY APPLICANT WHO FEELS DISCRIMINATED AGAINST IN HIS OR HER OPPORTUNITY FOR STATE EMPLOYMENT BECAUSE OF RACE, COLOR, CREED, SEX, NATIONAL ORIGIN, AGE, POLITICAL AFFILIATION, DISABILITY OR ANY OTHER NON-MERIT FACTOR SHALL HAVE THE RIGHT TO FILE A COMPLAINT. SUCH COMPLAINT SHALL BE SUBMITTED TO THE STATE EEO COORDINATOR, HUMAN RESOURCES DIVISION, 2001 CAPITOL AVE., CHEYENNE, WY 82002, NO LATER THAN 30 CALENDAR DAYS FROM THE EFFECTIVE DATE OF THE ACTION BEING APPEALED. THE STATE OF WYOMING ACTIVELY SUPPORTS THE ADA AND REASONABLY ACCOMMODATES QUALIFIED APPLICANTS WITH DISABILITIES.

26. SOCIAL SECURITY NO.:				27. PRESENT AGE:				28. SEX: FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>																
29. ETHNIC GROUP				30. HOW DID YOU LEARN ABOUT THIS JOB OPPORTUNITY? (CHECK THE APPROPRIATE CATEGORY.)																				
<input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN				<input type="checkbox"/> STATE PERSONNEL OFFICE <input type="checkbox"/> JOB SERVICE OFFICE <input type="checkbox"/> NEWSPAPER ADVERTISEMENT <input type="checkbox"/> PROFESSIONAL JOURNAL OR NEWSLETTER <input type="checkbox"/> INTERNET				<input type="checkbox"/> SCHOOL RECRUITING PROGRAM <input type="checkbox"/> VACANCY ANNOUNCEMENT LOCATED OUTSIDE STATE PERSONNEL OFFICE <input type="checkbox"/> INTERNAL VACANCY NOTICE (AGENCY EMPLOYEES ONLY) <input type="checkbox"/> STATE EMPLOYEE <input type="checkbox"/> FRIEND OR ACQUAINTANCE (NOT STATE EMPLOYEE)																
31. CIRCLE LAST YEAR OF EDUCATION COMPLETED:				GRADE SCHOOL				HIGH SCHOOL				COLLEGE OR TECHNICAL				GRADUATE								
				1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21



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EMPLOYMENT APPLICATION
AN EEO/ADA EMPLOYER**



IMPORTANT: READ INSTRUCTIONS ON FRONT PAGE BEFORE COMPLETING THE APPLICATION.

Website: <http://personnel.state.wy.us>
Return to:
Human Resources Division
Emerson Building
2001 Capitol Avenue
Cheyenne, WY 82002-0060
FAX# 1-307-777-6562

1. OFFICIAL JOB TITLE APPLIED FOR AS STATED ON ANNOUNCEMENT			2. CLASS CODE NUMBER		
3. LAST NAME	FIRST NAME	MIDDLE INITIAL	4. SOCIAL SECURITY NUMBER		
5. MAILING ADDRESS		CITY	STATE	ZIP	
6. HOME PHONE NO.	7. DAY OR MESSAGE PHONE NO.	8. DRIVER'S LICENSE NO.	STATE	TYPE	

OFFICE USE ONLY

9. WORK LOCATION PREFERENCE: IF YOU ARE WILLING TO WORK ANYWHERE IN THE STATE, CHECK **ONLY** STATEWIDE; OTHERWISE CHECK UP TO FIVE LOCATION PREFERENCES. NOTE: YOUR APPLICATION WILL ONLY BE REFERRED TO CHECKED LOCATIONS.

<input type="checkbox"/> STATEWIDE	<input type="checkbox"/> BASIN	<input type="checkbox"/> EVANSTON	<input type="checkbox"/> LANDER	<input type="checkbox"/> POWELL	<input type="checkbox"/> THERMOPOLIS
	<input type="checkbox"/> BUFFALO	<input type="checkbox"/> GILLETTE	<input type="checkbox"/> LARAMIE	<input type="checkbox"/> RAWLINS	<input type="checkbox"/> TORRINGTON
	<input type="checkbox"/> CASPER	<input type="checkbox"/> GREEN RIVER	<input type="checkbox"/> LOVELL	<input type="checkbox"/> RIVERTON	<input type="checkbox"/> WHEATLAND
	<input type="checkbox"/> CHEYENNE	<input type="checkbox"/> GREYBULL	<input type="checkbox"/> LUSK	<input type="checkbox"/> ROCK SPRINGS	<input type="checkbox"/> WORLAND
	<input type="checkbox"/> CODY	<input type="checkbox"/> JACKSON	<input type="checkbox"/> NEWCASTLE	<input type="checkbox"/> SARATOGA	<input type="checkbox"/> OTHER: (SPECIFY)
	<input type="checkbox"/> DOUGLAS	<input type="checkbox"/> KEMMERER	<input type="checkbox"/> PINEDALE	<input type="checkbox"/> SHERIDAN	

10. CHECK TYPE OF APPOINTMENT YOU WOULD ACCEPT. FULL TIME PART-TIME TEMPORARY

11. ARE YOU PRESENTLY EMPLOYED BY THE STATE OF WYOMING? YES NO IF "YES" SPECIFY AGENCY: _____

12. IF THIS SAME CLASS TITLE COMES OPEN IN ANOTHER AGENCY, DO YOU WISH TO BE CONSIDERED? YES NO

13. DO YOU POSSESS SHORTHAND OR ABBREVIATED NOTE TAKING SKILLS? YES NO

14. DO YOU HAVE TRAINING AND/OR EXPERIENCE AS A: LEGAL SECRETARY? YES NO MEDICAL SECRETARY? YES NO

14a. DO YOU HAVE TRAINING AND/OR EXPERIENCE IN THE USE OF PERSONAL COMPUTERS? YES NO

15. DO YOU HAVE ANY RELATIVES EMPLOYED BY THE STATE? YES NO IF "YES," SPECIFY AGENCY AND RELATIONSHIP: _____

16. IF YOU ARE UNDER 19 YEARS OF AGE, GIVE BIRTHDATE: _____

17. DATE AVAILABLE FOR WORK: _____

18. **VETERANS' PREFERENCE:** IF YOU ARE A WAR VETERAN AS DEFINED IN SECTION 101, TITLE 38, UNITED STATES CODE OR ARE A WIDOW OF A WAR VETERAN AND WISH TO CLAIM ANY VETERANS' PREFERENCE, PLEASE ATTACH THE APPROPRIATE DOCUMENTATION SUBSTANTIATING YOUR CLAIM.

DATES OF SERVICE: _____ TO _____ BRANCH OF SERVICE: _____ TYPE OF DISCHARGE: _____

19. IF PREVIOUSLY EMPLOYED BY THE STATE OF WYOMING, SPECIFY WHICH AGENCY AND DATES OF EMPLOYMENT: _____

20. IF YOU HAVE BEEN EMPLOYED OR ATTENDED SCHOOL UNDER OTHER NAMES, LIST NAMES AND DATE OF USE: _____

21. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE IN A COURT OF LAW? YES NO IF "YES," GIVE DATES, DETAILS AND PENALTIES FOR EACH OCCURRENCE ON AN ATTACHED SHEET OF PAPER. DO NOT INCLUDE MINOR TRAFFIC VIOLATIONS. AN ANSWER OF "YES" TO THIS QUESTION DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT.

22. DO YOU HAVE A H.S. DIPLOMA OR GED CERTIFICATE: YES NO HIGH SCHOOL / LOCATION: _____

23. COLLEGE OR VOCATIONAL SCHOOL AND LOCATION	DATES		SEM. HOURS	QTR. HOURS	MAJOR	MINOR	DEGREE EARNED	DATE OF DEGREE
	FROM	TO						

24. LIST OTHER **JOB -RELATED** SPECIAL QUALIFICATIONS AND SKILLS. INCLUDE COMPUTER SKILLS, SKILLS WITH MACHINES, TYPING OR SHORTHAND SPEED, MEMBERSHIPS IN PROFESSIONAL ASSOCIATIONS, AWARDS, PUBLICATIONS, LICENSES OR REGISTRATIONS (GIVE NUMBERS AND EXPIRATION DATES), ETC.: _____

*****NOTICE: SUCCESSFUL APPLICANTS WILL BE REQUIRED TO SHOW PROOF THAT THEY ARE ELIGIBLE TO WORK IN THE UNITED STATES UNDER U.S. IMMIGRATION LAW.*****

25. I CERTIFY THAT ALL INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATIONS OR FALSIFICATIONS MAY RESULT IN REMOVAL FROM EMPLOYMENT CONSIDERATION OR DISMISSAL. I GIVE THE STATE OF WYOMING AND ITS AUTHORIZED AGENTS PERMISSION TO VERIFY ANY JOB-RELATED INFORMATION GIVEN IN CONNECTION WITH THIS APPLICATION.

SIGNATURE OF APPLICANT: _____ DATE: _____

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WORK HISTORY: **LIST JOBS IN REVERSE** ORDER STARTING WITH YOUR PRESENT OR LAST JOB. LIST YOUR ENTIRE WORK HISTORY INCLUDING VOLUNTEER, PART-TIME, TEMPORARY, SELF-EMPLOYMENT AND MILITARY JOBS. LIST EACH PROMOTION AS A SEPARATE JOB. THIS SECTION MUST BE ACCURATE AND COMPLETE. **DO NOT SUBSTITUTE A RESUME IN THE PLACE OF THIS APPLICATION OR ANY OF ITS PARTS. IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS IN THE SAME FORMAT INCLUDING YOUR NAME, SOCIAL SECURITY NUMBER AND JOB TITLE APPLIED FOR.**

32. EMPLOYER:			ADDRESS		
FROM: MO/YR.	TO: MO/YR	HOURS PER WEEK:	YOUR TITLE:		
LAST SALARY: \$	PER	SUPERVISOR:	MAY WE CONTACT? YES <input type="checkbox"/>	NO <input type="checkbox"/>	PHONE:
NO & TYPE OF EMPLOYEES YOU SUPERVISED:					
REASON FOR LEAVING:					
DUTIES:					

33. EMPLOYER:			ADDRESS		
FROM: MO/YR.	TO: MO/YR	HOURS PER WEEK:	YOUR TITLE:		
LAST SALARY: \$	PER	SUPERVISOR:	MAY WE CONTACT? YES <input type="checkbox"/>	NO <input type="checkbox"/>	PHONE:
NO & TYPE OF EMPLOYEES YOU SUPERVISED:					
REASON FOR LEAVING:					
DUTIES:					

34. EMPLOYER:			ADDRESS		
FROM: MO/YR.	TO: MO/YR	HOURS PER WEEK:	YOUR TITLE:		
LAST SALARY: \$	PER	SUPERVISOR:	MAY WE CONTACT? YES <input type="checkbox"/>	NO <input type="checkbox"/>	PHONE:
NO & TYPE OF EMPLOYEES YOU SUPERVISED:					
REASON FOR LEAVING:					
DUTIES:					

35. EMPLOYER:			ADDRESS		
FROM: MO/YR.	TO: MO/YR	HOURS PER WEEK:	YOUR TITLE:		
LAST SALARY: \$	PER	SUPERVISOR:	MAY WE CONTACT? YES <input type="checkbox"/>	NO <input type="checkbox"/>	PHONE:
NO & TYPE OF EMPLOYEES YOU SUPERVISED:					
REASON FOR LEAVING:					
DUTIES:					

36. EMPLOYER:			ADDRESS		
FROM: MO/YR.	TO: MO/YR	HOURS PER WEEK:	YOUR TITLE:		
LAST SALARY: \$	PER	SUPERVISOR:	MAY WE CONTACT? YES <input type="checkbox"/>	NO <input type="checkbox"/>	PHONE:
NO & TYPE OF EMPLOYEES YOU SUPERVISED:					
REASON FOR LEAVING:					
DUTIES:					