



# Wyoming Community Development Authority Employment Application

The Wyoming Community Development Authority is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number & Street City State Zip Code

Position Desired: \_\_\_\_\_ Full Time \_\_\_\_\_ or Part Time \_\_\_\_\_

Date Available to Start: \_\_\_\_\_ Salary Desired: \$ \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Are you 18 years old or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you legally eligible for employment in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If offered employment, you will be required to provide documentation to verify eligibility.)

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATION:** Please indicate education or training which you believe qualifies you for the position you are seeking, begin with high school diploma or GED. **Please attach copies of college transcripts, if applicable.**

SCHOOL NAME & ADDRESS	DATES OF ATTENDANCE	MAJOR	DEGREES EARNED	DIPLOMA

**EMPLOYMENT:** List last employer first, including US Military Service.

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
Street/PO Box, City, State, Zip

SUPERVISOR NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ MAY WE CONTACT: Yes \_\_\_\_\_ No \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ to \_\_\_\_\_  
MO/YR MO/YR

DUTIES: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
Street/PO Box, City, State, Zip

SUPERVISOR NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ MAY WE CONTACT: Yes \_\_\_\_\_ No \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ to \_\_\_\_\_  
MO/YR MO/YR

DUTIES: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
Street/PO Box, City, State, Zip

SUPERVISOR NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ MAY WE CONTACT: Yes \_\_\_\_\_ No \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ to \_\_\_\_\_  
MO/YR MO/YR

DUTIES: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
Street/PO Box, City, State, Zip

SUPERVISOR NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ MAY WE CONTACT: Yes \_\_\_\_\_ No \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ to \_\_\_\_\_  
MO/YR MO/YR

DUTIES: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
Street/PO Box, City, State, Zip

SUPERVISOR NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_ MAY WE CONTACT: Yes \_\_\_\_\_ No \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ DATES EMPLOYED: \_\_\_\_\_ to \_\_\_\_\_  
MO/YR MO/YR

DUTIES: \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the Wyoming Community Development Authority to verify their accuracy and to obtain reference information on my work performance. I hereby release the Wyoming Community Development Authority from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer to be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Wyoming Community Development Authority. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is at will employment and for an indefinite duration and that either I or the Wyoming Community Development Authority may terminate my employment at any time with or without notice or cause.

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



# Wyoming Community Development Authority

## Applicant Data/Release

The Wyoming Community Development Authority is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

Date: \_\_\_\_\_ Position: \_\_\_\_\_

Full name: \_\_\_\_\_  
(as it appears on your Social Security card)

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W) \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ Alternate address: \_\_\_\_\_

Are you authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

U.S. Military Service: Active duty dates: \_\_\_\_\_ Branch: \_\_\_\_\_

Duties: \_\_\_\_\_

Were you ever dismissed from a position? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Were you ever convicted of a misdemeanor or felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain, including dates, locations and disposition: \_\_\_\_\_

\_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYMENT POLICY:**  
*WCDA is an equal opportunity employer and is committed to providing equal employment opportunities to employees without regard to race, color, creed, religion, national origin, gender, marital status, citizenship status, age, veteran status, or disability.*

Upon employment, you will be required to submit proof of your legal right to work in the United States (I-9 form).

**EMPLOYEE/APPLICANT ACKNOWLEDGMENT AND RELEASE:**

- Submission of application materials with or without this form, gives the WCDA authority to: permission to confirm by personal inquiry, or otherwise, information related to past employment, education or other applicable history, and releases from all liability or responsibility all persons, companies or organizations responding to such inquiries.
- I understand I may be subject to background checks at the discretion of the WCDA.
- If I am employed by the WCDA, I will comply with all rules and regulations set forth by the WCDA.
- I certify that all answers to questions in this application including all submitted application materials are true and complete to the best of my knowledge. I understand that giving false information or misrepresenting facts may be grounds for denial of employment or discharge if hired.
- I hereby acknowledge that I have read and understand the above statements.

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_  
PRINT: \_\_\_\_\_