

## EMPLOYMENT APPLICATION

NAME \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

SOCIAL SEC. # \_\_\_\_\_

CITY/STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

MSG TELEPHONE # \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

SALARY EXPECTED \$ \_\_\_\_\_

1. ☐ Full-Time ☐ Part-Time

You may be hired for a specific shift, however, requirements of the agency may necessitate that you work other locations, hours, and overtime. Is this acceptable to you? ☐ Yes ☐ No

2. Hours and days you are able to work? \_\_\_\_\_

3. How did you learn about Cheyenne Village, Inc.? ☐ Walk-In ☐ Employee ☐ Relative

☐ Job Service ☐ Advertisement - Source \_\_\_\_\_

☐ Other - Name of Source (if applicable) \_\_\_\_\_

4. Have you previously filed an application at Cheyenne Village, Inc.? ☐ Yes ☐ No Date \_\_\_\_\_

Under another name? \_\_\_\_\_

5. Have you been previously employed by Cheyenne Village, Inc.? ☐ Yes ☐ No Date \_\_\_\_\_

Under another name? \_\_\_\_\_

6. If hired, can you submit proof that you are at least 25 years of age? ☐ Yes ☐ No

7. Have you ever been convicted on a felony charge? ☐ Yes ☐ No

*If yes, you will be expected to explain at time of interview*

8. Have you ever been convicted of a misdemeanor involving abuse, neglect, assault, theft, or fraud?

☐ Yes ☐ No *If yes, you will be expected to explain at time of interview*

9. Have you had any traffic tickets or accidents in the last five (5) years? ☐ Yes ☐ No

*If yes, explain.* \_\_\_\_\_

10. Do you have a current, valid U.S. Driver's License? ☐ Yes ☐ No

# EDUCATION

NAME/ ADDRESS	MARK ONE
HIGH SCHOOL	<input type="checkbox"/> GED <input type="checkbox"/> DIPLOMA

NAME/ ADDRESS	GRADUATE	MAJOR/DEGREE	DATES OF ATTENDANCE		
			MMTH/YR	TO	MMTH/YR
College	<input type="checkbox"/> Yes <input type="checkbox"/> No				
College	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Special Training	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Do you have any computer skills? ☐ Yes ☐ No

List applications/programs:

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If yes, please rate overall proficiency: ☐ Beginner ☐ Intermediate ☐ Advanced

Please explain why you want to work with adults who have a developmental disability.

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What skills/strengths do you have for this position?

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**EMPLOYMENT RECORD** - Print Legibly. (Start with most recent employer and explain ALL "gaps in employment" on back of this page.) If additional sheets are required, a supply is available on application table.

1. EMPLOYER \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

Street City/State Zip Code

POSITION \_\_\_\_\_ SALARY \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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

MAY WE CONTACT THIS EMPLOYER? ☐ Yes ☐ No

2. EMPLOYER \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
                                     Street                                    City/State                                    Zip Code

POSITION \_\_\_\_\_ SALARY \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Duties:

MAY WE CONTACT THIS EMPLOYER? ☐ Yes ☐ No

3. EMPLOYER \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City/State Zip Code

POSITION \_\_\_\_\_ SALARY \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

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

MAY WE CONTACT THIS EMPLOYER? ☐ Yes ☐ No

4. EMPLOYER \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City/State Zip Code

POSITION \_\_\_\_\_ SALARY \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

EMPLOYED FROM \_\_\_\_\_ TO \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Job Duties:

MAY WE CONTACT THIS EMPLOYER? ☒ Yes ☐ No

[illegible]

## CAREER (not personal) REFERENCES

List three other work related references who are well acquainted with your work background.

1. NAME \_\_\_\_\_ PHONE (    ) \_\_\_\_\_  
TITLE \_\_\_\_\_  
IN WHAT CAPACITY DID YOU KNOW THIS PERSON? \_\_\_\_\_  
COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
Street City/State Zip Code

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2. NAME \_\_\_\_\_ PHONE (    ) \_\_\_\_\_  
TITLE \_\_\_\_\_  
IN WHAT CAPACITY DID YOU KNOW THIS PERSON? \_\_\_\_\_  
COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
Street City/State Zip Code

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3. NAME \_\_\_\_\_ PHONE (    ) \_\_\_\_\_  
TITLE \_\_\_\_\_  
IN WHAT CAPACITY DID YOU KNOW THIS PERSON? \_\_\_\_\_  
COMPANY \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
Street City/State Zip Code

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# PRE-EMPLOYMENT INFORMATION FORM

Applicants are considered for employment based on their qualifications for the position. Cheyenne Village, Inc. does not discriminate on the basis of race, color, religion, sex, national origin, ancestry, age, sexual orientation, veteran status, or handicapping conditions.

To help us comply with Federal/State Equal Employment Opportunity requirements, we ask that you answer the questions below. (COMPLETION OF THIS FORM, HOWEVER, IS OPTIONAL.)

The Pre-Employment Information form will be kept in a confidential file separate from the attached Application for Employment.

DATE \_\_\_\_\_

NAME (print) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

POSITION APPLIED FOR \_\_\_\_\_

RACE/ETHNIC GROUP:      \_\_\_\_\_ WHITE      \_\_\_\_\_ BLACK  
   \_\_\_\_\_ HISPANIC      \_\_\_\_\_ ASIAN/PACIFIC ISLANDER  
   \_\_\_\_\_ AMERICAN INDIAN/ALASKAN NATIVE  
   \_\_\_\_\_ OTHER

SEX:      \_\_\_\_\_ MALE      \_\_\_\_\_ FEMALE

ARE YOU A VIETNAM ERA VETERAN?      \_\_\_\_\_ YES      \_\_\_\_\_ NO