

EMPLOYMENT APPLICATION

NAME _____

DATE _____

ADDRESS _____

SOCIAL SEC.# _____

CITY/STATE _____

ZIP CODE _____

POSITION APPLIED FOR _____

TELEPHONE# _____

-
1. What days of the week and hours are you available to work?
 2. You may be hired for a specific position and shift. However, there are times that weather or other extenuating circumstances may occur and you may have to work OT or at another location. Is this acceptable to you? ☐ Yes ☐ No
 3. Are you 18 years or older? ☐ Yes ☐ No
 4. Have you applied to work at Cheyenne Village before? ☐ Yes, Date _____ ☐ No
 5. Have you been previously employed by Cheyenne Village, Inc.? ☐ Yes, Date _____ ☐ No
 6. Have you ever been convicted on a misdemeanor or felony? ☐ Yes ☐ No
If yes, you will be expected to explain at time of interview
 7. Have you had any traffic tickets or accidents in the last five (5) years? ☐ Yes ☐ No
If yes, please explain. _____
 8. Do you have a current, valid U.S. Driver's License? ☐ Yes ☐ No
 9. Do you have experience working with individuals with intellectual and developmental disabilities?
☐ Yes ☐ No
 10. Do you have experience with personal care of individuals? ☐ Yes ☐ No

EDUCATION (DO NOT ENTER IN ANY DATES)

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

NAME & ADDRESS	GRADUATE	MAJOR/DEGREE
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

Please List: _____

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

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

What skills/strengths do you have for this position?

EMPLOYMENT RECORD - Print Legibly (Start with most recent employer and explain ALL "gaps in employment" on back of this page.)

1. EMPLOYER _____ PHONE() _____

ADDRESS _____
Street City/State Zip Code

POSITION/TITLE _____ 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/TITLE _____ 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/TITLE _____ 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 _____

2. NAME _____ PHONE _____
TITLE _____
IN WHAT CAPACITY DID YOU KNOW THIS PERSON? _____

3. NAME _____ PHONE _____
TITLE _____
IN WHAT CAPACITY DID YOU KNOW THIS PERSON? _____

Do you certify that the information that you supplied is complete and accurate? Can we contact previous employers that you marked (Yes) to and any references you provided above?

Signature: _____ Date: _____