

WyoCentral Federal Credit Union

Employment Application

Equal Opportunity Employer

WyoCentral Federal Credit Union (WyoCentral) is an Equal Opportunity Employer and as such does not consider age, race, color, national origin, ancestry, religion, creed, sex (gender), gender identity, sexual orientation, pregnancy, marital status, current or prior military service, disability, genetic information, political affiliation or any other status protected by law when hiring and making employment related decisions. Discrimination is not tolerated

		Applica	ant Infor	mation	
Full Name:	-				Date:
	First	Last			MI
Address:	Street Address				Apt/Unit #
Phone:	City	Email:		State	Zip Code
Position ap	plying for:				Full-time Part-time
Date availa	ble:				Desired Salary:
Are you currently employed: Are you legally authorized to work in				If yes, where	re:
the US? Have you ever worked for this company?				Position:	n:
		Reason for le	eaving:		
Are you related to, or do you live with, any person who works at this company?		Yes	No	If yes, who:	:
Have you ever been convicted of a felony?		Yes	No	If yes, expla	ain:
			Educatio	n	
Education	Name/Location of	School	Years C	Completed	Degree/Subject Area
High Schoo					Diploma? Yes No GED? Yes No
College					Diploma? Yes No
Trade / Business School					

Work History

List names and information of all employers beginning with current or most recent. List all periods of employment including military service and any period of self employment if applicable.

Employer:		Start Date:	End Date:				
-	Supervisor:						
Address:							
Position:							
			EIIU Pay.				
Job Duties.			·····				
Reason for	leaving:						
Employer:		Start Date:	End Date:				
	Supervisor:	May we contact?					
Address:	Phone:						
Docition		Charle Day	End Days				
Position:			Eliu Pay:				
Duties.							
Reason for	leaving:						
Employer:		Start Date:	End Date:				
	Supervisor:						
Address:							
Position:		• • • • • • • • • • • • • • • • • • • •	End Pay:				
Job Duties:							
Reason for	eaving:						
			-				
		References					
•	•	d to, or living with, you, whom you have	known at least one				
year, that w	ve have your permission to contact.						
Name:		Phone:	Relation:				
Name:		Phone:	Relation:				
Name:		Phone:	Relation:				

Additional Information					
Please list any additional skills/experience you have that relates to the job for	or which you are applying:				
·					
, 					
	•				
Agreement and Acknowledgeme	ent				
By signing below, I certify that the information I have provided is accurate and complete. I understand that false, misleading or incomplete information provided in this application, or during an interview, can prevent me from being hired, or, if I am hired, can result in my discharge at any time. I acknowledge that if I am interviewed, I may be asked to fully and accurately provide information about any criminal convictions that I have had. I authorize the investigation and verification of all information that I have provided. I authorize all employers (past or present), persons, schools, law enforcement agencies, and other organizations referenced in this application to provide any information requested by the Company, and I release those parties from any liability for providing the information.					
If I am hired, I understand that my employment is for no definite period, and that my employment and compensation car or without cause, and with or without notice. I understand that no manager, or representative of the Company has author specified period of time, or make any agreement contrary to the provisions in this application. I understand that nothing creates an employment contract between me and the Company.	ority to make any agreement for employment for a				
Prior to accepting employment, I will read and understand the job description for the position for which I am applying. If inability to fully perform the essential job functions listed in the job description. If hired, I will comply with all Company r					
I understand that this application is only valid for 30 days and that I must reapply, every 30 days, to continue to be considered.	•				
Signature:	Date:				