

WYOMING CHILD AND FAMILY DEVELOPMENT, INC.

APPLICATION FOR EMPLOYMENT



P.O. Box 100; Guernsey, Wyoming 82214
Phone: (307) 836-2751 Fax: (307) 836-2855



Website: wyomingchild.org

Email: wcfcd.wyomingchild.org

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

This application for employment shall be considered active for the period of this position vacancy. Thereafter, any applicant wishing to be considered for any position vacancies should inquire as to whether or not applications are being accepted at that time.

Position(s) Applied For: _____ Date of Application: _____

Last Name	First Name	Middle Name	
Address	City	State	Zip Code
Telephone Number(s)			
Home: _____		Cell: _____	Other: _____

Are you over 16 years of age? Yes No If so, can you provide verification of age? Yes No

Are you currently employed? Yes No May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status
 Yes No (*Proof of citizenship or immigration status will be required upon employment.*)

Are you available to work: Full Time Part Time Temporary

Can you travel if a job requires it? Yes No

State names of relatives employed by WCFD and/or relatives serving on the WCFD Board of Directors:

Are you able to perform the essential functions required of the position for which you are making application, with or without accommodations? If no, please explain. Yes No

Please describe past or present involvement with Head Start/Early Head Start programs: _____

Early Childhood Center:

CAMPBELL COUNTY
HEAD START
Gillette
Phone: 682-4214

CROOK/WESTON
HEAD START
Sundance
Phone: 283-3151

DOUGLAS CHILD AND
FAMILY
DEVELOPMENT
CENTER Douglas
Phone: 358-3901

GLENROCK EARLY
CHILDHOOD CENTER
Glenrock
Phone: 436-5357

GUERNSEY EARLY
CHILDHOOD CENTER
Guernsey
Phone: 836-2838

LIFESTEPS CAMPUS-
EHS
Casper
Phone: 473-5831

LINCOLN INFANT/
TODDLER CENTER
Torrington
Phone: 534-4720

LUSK EARLY
CHILDHOOD CENTER
Lusk
Phone: 334-2252

NATRONA COUNTY
HEAD START
Casper
Phone: 266-5480

TORRINGTON
LEARNING CENTER
Torrington
Phone: 532-7068

WHEATLAND EARLY
CHILDHOOD CENTER
Wheatland
Phone: 322-3385

NATRONA CO EARLY
HEAD START
Mills
Phone: 265-9562

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate				
Other (Specify)				

LIST SPECIALIZED KNOWLEDGE, EXPERIENCE AND SKILLS

(Especially as related to the job for which you are applying.) Examples: Ability to speak other languages, experience working with young children, knowledge of office equipment, computers, etc.

Are you currently certified in CPR/First Aid? Yes No (If yes, please include a copy of your certification.)

DECLARATION FOR PROSPECTIVE EMPLOYEES

Federal policies now require that all prospective employees sign a declaration prior to employment which lists:

- ❖ All pending and prior criminal arrests and charges related to child sexual abuse and their disposition;
- ❖ Convictions related to other forms of child abuse and/or neglect; and
- ❖ All convictions of violent felonies.

Please select only one option:

I **have NOT been** arrested, charged and/or convicted on one or more of the three types of offenses listed above.

I **have been** arrested, charged, and/or convicted of one or more of the offenses listed above. Please attach information listing the offense(s), the date(s) of the arrest, charge and/or conviction, other relevant information.

Signature

Date

REFERENCES

List below the names and addresses of persons who are qualified to answer questions concerning your abilities. This portion must be completed in addition to the three letters of reference required with each application. Do not include relatives.

Name	Phone	Complete Mailing Address	Type of Reference provided	
			Personal	Professional
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

APPLICANT'S STATEMENT

READ EACH PARAGRAPH CAREFULLY BEFORE SIGNING BELOW

- ❖ I certify that answers given herein are true and complete to the best of my knowledge.
- ❖ I understand that I will be required to submit to a background check, including fingerprinting, as required by federal and state regulations.
- ❖ I understand that I will be required to have a physician certify that I am free from communicable diseases, and that I will be required to have a TB test before I will be permitted to work with children.
- ❖ I understand that I may be required to submit to pre-employment drug testing if required for my position. I also understand that Wyoming Child and Family Development, Inc. does have a drug testing policy affecting all employees.
- ❖ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- ❖ I permit and consent to allow all references and previous employers contacted to release any information deemed relevant to WCFD as my prospective employer. I release WCFD and all persons providing information to WCFD from any liability whatsoever for obtaining and providing that information.
- ❖ I understand that, if licenses or certification are required for the job for which I am applying, it is my responsibility to furnish Wyoming Child and Family Development with such licenses or certifications prior to being employed and prior to receiving any financial compensation.
- ❖ I UNDERSTAND THAT EMPLOYMENT IS CONTINGENT UPON BOARD AND POLICY COUNCIL APPROVAL.
- ❖ I UNDERSTAND AND AGREE THAT ANY EMPLOYMENT RELATIONSHIP WITH WCFD IS "AT WILL" WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANY TIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS "AT WILL" EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY STATEMENT, DOCUMENT OR CONDUCT EXCEPT BY A WRITTEN AGREEMENT SIGNED BY THE EXECUTIVE DIRECTOR AND THE EMPLOYEE.

Signature of Applicant

Date

WYOMING CHILD AND FAMILY DEVELOPMENT, INC. USE ONLY

Current/Former Head Start or Early Head Start Parent?

YES NO

THE FOLLOWING ITEMS ARE ATTACHED TO THIS APPLICATION:

3 LETTERS OF REFERENCE YES NO # of Personal _____ # of Professional _____

TRANSCRIPTS/CERTIFICATIONS YES NO

ARRANGE INTERVIEW: YES NO INTERVIEW DATE: _____

INTERVIEWER(S): _____

ARRANGE SECOND INTERVIEW: YES NO INTERVIEW DATE: _____

INTERVIEWER(S): _____

EMPLOYED: YES NO START DATE: _____

JOB TITLE: _____ HOURLY RATE/SALARY: _____ SITE: _____

HOURS EMPLOYED: _____

BY: _____

TITLE: _____

DATE: _____