



REHABILITATION ENTERPRISES OF NORTH EASTERN WYOMING
 1969 S. Sheridan Avenue, Sheridan, WY 82801
 35 Fairgrounds Road, Newcastle, WY 82701
 Toll Free Phone: 1-888-309-2020 HR Dept. Fax: (307) 673-4910

EMPLOYMENT APPLICATION

IMPORTANT INSTRUCTIONS:

Complete ALL sections of the Employment Application. Failure to do so may disqualify you from position/employment. Please review the job description and/or minimum qualifications for the job **before** you apply. State **exact** official job title(s), you are applying for. Be sure you include any supporting documents required, if applicable. If more space is needed to give full answers or explanations, attach additional sheets. This application and all attached documents are official records of **Rehabilitation Enterprises of North Eastern Wyoming (RENEW)** and may not be returned or reused. The information provided is considered confidential and will be used by the Human Resource Department and by appointing authorities to evaluate your qualifications for employment.

RENEW affords equal employment opportunity to qualified applicants for all positions without regard to race, color, religion, creed, gender, national origin, sex, age, ancestry, marital or familial status, veteran status, or disability, which can be reasonably accommodated, or any other basis or classification protected by law. RENEW complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. **This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the Human Resource Department.**

_____ **An Equal Opportunity Employer** _____

PERSONAL

NAME (FIRST,MIDDLE,LAST)	MAIDEN NAME; ALIASES	JOB TITLE(S) APPLIED FOR
ADDRESS: STREET or P.O. BOX	APT #	CITY STATE ZIP
HOME PHONE NO. ()	ALTERNATE PHONE NO. ()	E-MAIL ADDRESS

CHECK THE TYPES OF POSITIONS WHICH YOU WOULD ACCEPT: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUBSTITUTE/AS NEEDED <input type="checkbox"/> SEASONAL		DATE AVAILABLE TO START WORK:
ARE YOU WILLING TO TRAVEL ON THE JOB: <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILING TO WORK SHIFTS: <input type="checkbox"/> Y <input type="checkbox"/> N IF SO WHICH SHIFTS: <input type="checkbox"/> DAYS <input type="checkbox"/> EVENINGS <input type="checkbox"/> NIGHTS <input type="checkbox"/> OVERNIGHTS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> SPLIT SHIFT <input type="checkbox"/> HOLIDAYS	HAVE YOU PREVIOUSLY SUBMITTED AN APPLICATION TO RENEW: <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHEN: _____ ARE YOU 18 YEARS OF AGE OR OVER: <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY RENEW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN: DATE: FROM _____ TO _____	COMMUNITY & POSITION
DO YOU HAVE RELATIVES EMPLOYED BY RENEW: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHOM & WHAT COMMUNITY AND POSITION DO THEY WORK IN:	

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING EITHER WITH / WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO, IF NO, PLEASE DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED?
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MILITARY

HAVE YOU SERVED ON ACTIVE DUTY IN THE U.S. MILITARY: <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES, COMPLETE THE FOLLOWING</i>	DATE FROM	TO	DESCRIBE ANY TRAINING RECEIVED RELEVANT TO THE POSITION OR WHICH YOU ARE APPLYING.
	BRANCH OF SERVICE		

EDUCATION

NAME OF LAST HIGH SCHOOL ATTENDED		
DATES: FROM	TO	DID YOU GRADUATE FROM H.S. <input type="checkbox"/> YES <input type="checkbox"/> NO OR DO YOU HAVE A GENERAL EDUCATION DEVELOPMENT CERTIFICATE (GED) <input type="checkbox"/> YES <input type="checkbox"/> NO MUST BE ABLE TO PROVIDE APPROPRIATE EDUCATIONAL DOCUMENTATION.

COLLEGES OR UNIVERSITIES ATTENDED

NAME	DATES		SEM. HOURS EARNED	QTR. HOURS EARNED	MAJOR	MINOR	* DEGREE EARNED	DATE DEG. EARNED
	FROM	TO						

List other **job related** courses or training received (education, health services, vocational, business). List college courses and number of semester or quarter hours taken which are specifically **job related**. List other job related qualifications, achievements, skills, publications, administrative, foreign languages, *professional licenses, etc. (give numbers and expiration dates of licenses). * If hired, if required for position, must provide appropriate documentation.

EMPLOYMENT

Please give accurate, complete full-time, part-time, seasonal employment or voluntary services record. Start with present or most recent employment. To evaluate your qualifications, we must have complete information on previous job tasks and levels of responsibility. **If more space is needed, attach additional sheets in same format.**

EMPLOYER			POSITION HELD				
ADDRESS: STREET or P.O. BOX		SUITE #	CITY		STATE	ZIP	
SUPERVISOR			MAY WE CONTACT:		PHONE		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> OTHER _____
STARTING EARNINGS	LAST EARNINGS		FROM: MO/YR	TO: MO/YR	AVG. NO. OF HOURS WORKED PER WEEK		
\$ _____ PER	\$ _____ PER						
REASON(S) FOR LEAVING							

TASKS:

Previous name, if changed: _____

EMPLOYER			POSITION HELD		
ADDRESS: STREET or P.O. BOX		SUITE #	CITY	STATE	ZIP
SUPERVISOR		MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> OTHER _____
STARTING EARNINGS	LAST EARNINGS	FROM: MO/YR	TO: MO/YR	AVG. NO. OF HOURS WORKED PER WEEK	
\$ _____ PER	\$ _____ PER				
REASON(S) FOR LEAVING					

TASKS:

Previous name, if changed: _____

EMPLOYER			POSITION HELD		
ADDRESS: STREET or P.O. BOX		SUITE #	CITY	STATE	ZIP
SUPERVISOR		MAY WE CONTACT: <input type="checkbox"/> YES <input type="checkbox"/> NO		PHONE	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> OTHER _____
STARTING EARNINGS	LAST EARNINGS	FROM: MO/YR	TO: MO/YR	AVG. NO. OF HOURS WORKED PER WEEK	
\$ _____ PER	\$ _____ PER				
REASON(S) FOR LEAVING					

TASKS:

Previous name, if changed: _____

Please complete the following questions:

1. Have you ever plead guilty to or been convicted of a criminal offense.(felony or misdemeanor, except a minor traffic violation) e.g., DUI or crime against a person – sexual-related, child abuse, neglect, etc.?

Yes No

A 'Yes' answer does not automatically disqualify you from employment as the nature of the offense, date, and job for which you are applying will be considered. If yes, please explain: _____

RENEW is unable to employ an applicant convicted of a Crime Against Person or Family.

2. If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the U.S.?

Yes No

3. If hired, are you willing to submit to and pass a controlled substance test and/ or alcohol test? Yes No

4. Do you have a valid driver's license? Yes No If 'Yes', please provide the following:

License No. _____ State _____ Type: _____ Expiration Date: _____

5. Do you have the ability to lift 50 lbs. and meet other physical demands of the position with / without accommodation?

Yes No

APPLICANT ACKNOWLEDGEMENT & RELEASE

I hereby certify that the information provided by me on this Application form is complete, true and accurate. I understand and acknowledge that any misrepresentation of fact, either explicit or by omission of requested information, is sufficient grounds for denial or immediate termination of employment by Rehabilitation Enterprises of North Eastern Wyoming, further referred to as RENEW. I give RENEW and it's authorized agents permission to verify any information given in connection with this application with respect to my potential employment with RENEW. I release any schools or former employers from any claim or liability for providing truthful reference information or recommendations to RENEW. I understand that as a condition of employment I must consent and successfully complete a pre-employment drug screen and / or alcohol test, driver's license check and background check that include the Department of Health and Human Services Office of the Inspector General (DHHS-OIG) regarding Equality Care (Medicare and Medicaid), Kid Care/Children's Health Insurance Program (CHIP) and any other Federal or State health care program. I also consent to a "post-employment" criminal history (FBI/DCI) and Department of Family Services (DFS) background checks. Again, my employment will be contingent upon satisfactory results of such inquiries and screenings.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at-will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at-will" relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I understand and acknowledge that this Application is not an offer of employment nor an employment contract, and that if I am hired by RENEW, the conditions of my employment, including "at-will" employment, are governed by RENEW policies, both current and as may in the future be amended at the sole discretion of RENEW.

If employed, I understand that I must submit to the Human Resource Department, *within three (3) business days*, of starting work, verification of my employment eligibility to work in the United States. This process is required by law, under the U.S. Department of Homeland Security, in order to complete the required Form I-9, Employment Eligibility Verification. My failure to provide the required document(s) or an acceptable receipt for a document within three (3) business days of the date employment begins may result in my immediate release from employment at RENEW.

I also understand, if employed, RENEW is obligated to conduct monthly screenings all active employees to determine if the employee has been added to the exclusion list. If any exclusionary information is discovered, RENEW is obligated to report said employee to ACS Wyoming Medicaid or BCBS immediately.

RENEW retains applications for two (2) years.

APPLICANT SIGNATURE: _____

Date: _____

YOU MUST NOTIFY US OF ANY CHANGE OF ADDRESS OR PHONE NUMBER

REFERRAL SOURCE (Please check those that apply)

- Newspaper Advertisement Walk-in Interviews Job Boards/Walk-in
- Workforce Services/ Job Services Current RENEW Employee; Name _____
- Internet Radio Former RENEW Employee; Name _____
- Other (Explain) _____

Comments:

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

DATE APPLICATION RECEIVED:	APPLICATION INFORMATION CHECKED BY: NAME
REMARKS AND RECOMMENDATION(S):	



Equal Employment Opportunity Self-Identification Form

To the Applicant:

Rehabilitation Enterprises of North Eastern Wyoming (RENEW) is committed to equal employment opportunity and affirmative action. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are invited to participate in the Affirmative Action Program by reporting his/her status as disabled, disabled veteran, Veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: a) applicants are under no obligation to respond, but may do so in the future if he/she chooses; b) responses will remain confidential within the Human Resources Department; and c) responses will be used only for the necessary information to include in our Affirmative Action Program. In no case will this confidential information be used as a basis for employment decisions. RENEW is a company that values diversity. We actively encourage applicants to provide the information for statistical purposes for government reporting and recordkeeping obligations. The information you provide in this form is strictly voluntary. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. We appreciate your cooperation.

SECTION I – General Applicant Information

Name: _____ Date Completed: _____

Position(s) Applied For: _____, _____

SECTION II – Please Check All That Apply

1. Gender: Female Male Not Disclosed

2. Race / Ethnic Identity:

White Hispanic or Latino Asian Black or African American

American Indian or Alaskan Native Native Hawaiian or Pacific Islander

Two or More Races Not Disclosed

3. Veteran Status, if applicable: Vietnam Era Veteran Armed Forces Service Medal Veterans

Other Protected Veteran Recently Separated Veteran Special Disabled Veteran

I Do Not Wish to Identify

4. I voluntarily identify myself as **disabled**. No Yes

I request an accommodation for the application process. No Yes

If an accommodation is needed, please explain how we can assist you.

APPLICANT SIGNATURE: _____ Date: _____

SECTION III – EEO Race / Ethnic Identification Categories

White (Not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

Black or African American (Not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino)

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino)

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)

All persons who identify with more than one of the above five races.

Individuals with Disabilities

Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Veterans of the Vietnam-Era

Means a person who: (1) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.

Special Disabled Veteran

Means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have serious employment handicap or (ii) a person who was discharged or released from active duty because of a service connected disability.

Other Protected Veteran

Included any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense.

Recently Separated Veteran

Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veterans' discharge or release from active duty.

Armed Forces Service Medal Veteran

Includes any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which a service medal was awarded pursuant to Executive Order 12985.



Confidential Reference Check Form

Please Print Applicant Name: _____ Social Security #: _____

Reference Contact Information: <input type="checkbox"/> Current Employer <input type="checkbox"/> Previous Employer			
Company Name	City	State	Zip
Dates of Employment	Start Date	End Date	
Contact Current/Previous Employer	<input type="checkbox"/> No, do not contact: If no, why? _____ <input type="checkbox"/> Yes, full verification <input type="checkbox"/> Yes, verify only dates and position <input type="checkbox"/> Yes, contact but do not indicate it is for a different job		
Supervisor(s) Name			
Contact Numbers	Phone	Fax	
Contact E-mail Address			

I authorize you to release the requested information to Rehabilitation Enterprises of Northeastern Wyoming (RENEW). I release any current or former employer from any claim or liability for providing truthful reference information to RENEW in consideration of my employment with them.

Applicant Signature **Date**

We are considering employing the above applicant for a position at RENEW. One of our requirements for employment is to have written references on each candidate. We would appreciate you taking a few minutes to answer the questions below. Please add any additional comments on the back of this form. Your evaluation is sincerely appreciated and held completely confidential. Thank you in advance for your assistance.

Verification By Former Employer:

Dates applicant was employed by you: From _____ To _____

Position applicant held for your company? _____

Reason Applicant left your employment? _____

Is Applicant eligible for Rehire at your company? _____ YES _____ NO

If No, why? _____

Evaluation By Former Employer:	(Please check the box that most accurately answers the question)			
	Excellent	Good	Poor	Unacceptable
Dependability & Attendance				
Technical Competence (Knowledge)				
Quality of Work				
Quantity of Work				
Attention to Safety				
Communication Skills				
Relationships with Others				
Acceptance of Supervision/Direction				

Reference Person Name Title Phone # Date

***Please Return This Form to Human Resources – 1969 S. Sheridan Ave - Sheridan, Wyoming 82801
PH: (307) 672-7481 * FAX: (307) 674-5117**



Confidential Reference Check Form

Please Print Applicant Name: _____ Social Security #: _____

Reference Contact Information: <input type="checkbox"/> Current Employer <input type="checkbox"/> Previous Employer			
Company Name	City	State	Zip
Dates of Employment	Start Date	End Date	
Contact Current/Previous Employer	<input type="checkbox"/> No, do not contact: If no, why? _____ <input type="checkbox"/> Yes, full verification <input type="checkbox"/> Yes, verify only dates and position <input type="checkbox"/> Yes, contact but do not indicate it is for a different job		
Supervisor(s) Name			
Contact Numbers	Phone	Fax	
Contact E-mail Address			

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Technical Competence (Knowledge)				
Quality of Work				
Quantity of Work				
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Dates of Employment	Start Date	End Date	
Contact Current/Previous Employer	<input type="checkbox"/> No, do not contact: If no, why? _____ <input type="checkbox"/> Yes, full verification <input type="checkbox"/> Yes, verify only dates and position <input type="checkbox"/> Yes, contact but do not indicate it is for a different job		
Supervisor(s) Name			
Contact Numbers	Phone	Fax	
Contact E-mail Address			

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If No, why? _____

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	Excellent	Good	Poor	Unacceptable
Dependability & Attendance				
Technical Competence (Knowledge)				
Quality of Work				
Quantity of Work				
Attention to Safety				
Communication Skills				
Relationships with Others				
Acceptance of Supervision/Direction				

Reference Person Name _____ Title _____ Phone # _____ Date

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