



REHABILITATION ENTERPRISES OF NORTH EASTERN WYOMING

1969 South Sheridan Avenue, Sheridan, Wyoming 82801
623 North Commercial Drive, Gillette, Wyoming 82716
35 Fairgrounds Road, Newcastle, Wyoming 82701
Phone: 1-888-309-2020 HR Dept. FAX: (307) 673-4910

APPLICATION

Form with multiple sections: An Equal Employment Opportunity Employer, Personal Information, Mailing Address, Permanent Address, Offenses, Employment History, and Driver's License. Includes checkboxes for various options and fields for text entry.

INSTRUCTIONS TO COMPLETE THIS APPLICATION

- Account for all periods of employment and unemployment, including military.
- **Begin with your last or present employer** and list all employers for whom you have worked (full time, part time, temporary, etc.).

Dates Employed	Name and Address of Employer	Supervisor's Name	Pay Rate	Reason for Leaving
From (mm/dd/yyyy)				
To (mmm/dd/yyyy)	Type of Business	Area Code: Telephone Number:	Hours Per Week	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>

Job Title: _____ Summarize your job duties: _____

Dates Employed	Name and Address of Employer	Supervisor's Name	Pay Rate	Reason for Leaving
From (mm/dd/yyyy)				
To: (mm/dd/yyyy)	Type of Business	Area Code: Telephone Number:	Hours Per Week	May we contact? Yes <input type="checkbox"/> No <input type="checkbox"/>

Job Title: _____ Summarize your job duties: _____

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Job Title: _____ Summarize your job duties: _____				

Schools Attended	Name and address of School (City and State)	Major	Minor	High School Diploma /GED Degree	Start Date	Graduation Date
High School or GED						
College or University						
College or University						
Business/Trade etc.						

List additional training, skills, or certifications:

List computer skills, knowledge of various programs and proficiency level:

Please add any other job-related equipment you may have worked with:

List three current/ former supervisors or managers who can objectively assess your professional behavior and work performance.

Full Name	Job Title/Relationship	Area Code and Telephone Number	Full Business Address

APPLICANT ACKNOWLEDGEMENT AND RELEASE

As an applicant, I agree to the following statements:

Certification: I certify that the information on this application is true, correct, and complete. I understand that any misleading information, omission, or falsification of this information is grounds for rejection of this application and/or my immediate dismissal from employment with RENEW, if hired.

Authorization: I authorize RENEW to verify the information set forth in this application and obtain additional information relating to my employment background, character, and qualifications. I authorize all persons, schools, companies, corporations, law enforcement agencies, and my present and/or prior employers to supply RENEW any information concerning my employment background, character, and qualifications, and release all parties from all liability for any damage resulting from furnishing same to RENEW.

Compliance: RENEW is an equal opportunity employer and will not discriminate or tolerate discrimination against any employee or applicant in any manner prohibited by law.

Understanding: I understand that if employed, my employment is for no definite period of time and that I may terminate my employment relationship with RENEW at any time, for any reason, and that RENEW has the same right, subject to applicable federal and state laws. I also understand that all employment must be approved by RENEW and that no manager or supervisor has any authority to enter into any agreement contrary to the foregoing, or make any assurance or promise of continued employment. I understand that acceptance of an offer of employment does not create any contractual obligation upon me or upon RENEW to continue my employment in the future.

Consent: I hereby consent to a "pre-employment" 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. For nursing positions, I consent to the State of Wyoming Board of Nursing background check. I also consent to a "post-employment" criminal history (FBI/DCI) and Department of Family Services (DFS) background checks. I understand that *my employment will be contingent upon satisfactory results of such inquiries and screenings.*

Verification: If employed, I understand that I must submit to the Human Resources Department, *within three (3) 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 I-9 form. My failure to provide and complete this documentation within 3-days of starting work will result in my immediate release from employment at RENEW.

By signing this document, I hereby acknowledge that I have carefully read, understand, and agree to the above outlined employment statements and release. I hereby attest with my signature below, that I have given RENEW true and complete information on this application and authorize RENEW to contact references provided for employment references checks. If any falsification of employment information is found, I understand that this will constitute cause for the denial of employment or immediate release of my employment with RENEW.

Applicant Signature: _____ Today's Date: _____

Referral Source: (Please check those that apply.)

- Newspaper Advertisement
- Job Service
- Walk-In
- Current RENEW Employee Name of employee: _____
- Former RENEW Employee Name of employee: _____
- Other (Explain) _____

THIS EMPLOYMENT APPLICATION WILL BE ON FILE FOR A PERIOD OF SIX (6) MONTHS FROM THE DATE SIGNED.