



Are you related to anyone presently working for UniWyo FCU?.....  YES  NO

If yes, list their names and the department in which they work: \_\_\_\_\_

Have you ever been dismissed from any position?.....  YES  NO

If yes, please explain: \_\_\_\_\_

Have you ever been forced to resign from any position?.....  YES  NO

If yes, please explain: \_\_\_\_\_

Where did you learn of this opening?

UniWyo FCU Website \_\_\_\_\_

UniWyo FCU Employee \_\_\_\_\_

Newspaper \_\_\_\_\_

Other \_\_\_\_\_

**SPECIAL SKILLS AND QUALIFICATIONS:** Summarize special skills and qualifications acquired from employment or other experiences that relate to this position. Keyboarding \_\_\_\_\_ wpm; Shorthand or Alphahand: \_\_\_\_\_ wpm.

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List special accomplishments, publications, awards and names of professional groups of which you are or have been a member.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any additional information you would like us to consider including certifications and licenses.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Employment History

List your employment history starting with the most recent employer. List all positions held, including military experience, part-time, summer and/or volunteer work. Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE ( ) -	DATES EMPLOYED		Summarize your job responsibilities
		From	To	
ADDRESS				
JOB TITLE		Starting Salary		
		\$	<input type="checkbox"/> Hours <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
IMMEDIATE SUPERVISOR		Final Salary		
		\$	<input type="checkbox"/> Hours <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
REASON FOR LEAVING				

EMPLOYER	TELEPHONE ( ) -	DATES EMPLOYED		Summarize your job responsibilities
		From	To	
ADDRESS				
JOB TITLE		Starting Salary		
		\$	<input type="checkbox"/> Hours <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
IMMEDIATE SUPERVISOR		Final Salary		
		\$	<input type="checkbox"/> Hours <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
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		\$	<input type="checkbox"/> Hours <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
IMMEDIATE SUPERVISOR		Final Salary		
		\$	<input type="checkbox"/> Hours <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
REASON FOR LEAVING				

Comments (Including explanations of any gaps in employment)

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May we contact your present and previous employers? .....  YES  NO

**Educational Background**

Circle Highest Grade Completed: High School      College      Graduate Work  
 8 9 10 11 12 GED      1 2 3 4       YES  NO

COLLEGE/UNIVERSITY/TRADE SCHOOLS	CITY/STATE	UNITS COMPLETED	DEGREE/DIPLOMA OBTAINED	MAJOR	MINOR

Have you worked or attended school under any other name?.....  YES  NO

If yes, give names: \_\_\_\_\_

**Professional References**

List names and telephone numbers of three professional references who are not related to you and are not previous supervisors.

Name and Address	Telephone	Years Known

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING.**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigation consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools, and others. I understand I have a right to make a written request within a reasonable time or the disclosure of the name and address of the consumer reporting agency so that I may obtain a completed disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and options that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_