



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 FAX: (307) 674-5117

APPLICATION

An equal opportunity employer. Disabled applicants may request any accommodation needed to enable them to complete this application form.				Date (mm/dd/yyyy)
Print Name - First	Middle	Last		Social Security Number
Mailing Address	City	State	Zip Code	Business/School Phone
Permanent Address	City	State	Zip Code	Home Phone

Have you ever been convicted for any of the following offenses? Yes No **Check all that apply.**

Offense against a person or family (in past 5 years)
 Driving while under the influence (in past 5 years)

Contributing to delinquency of a minor
 Public indecency

Violation of Wyoming Controlled Substance Act (in past 5 years)

If yes, explain here or on back of this page.

Position(s) Desired (Do not leave blank.)	Full-Time	Part-Time	Hours Available		
	Intern	Substitute	Days	Evenings	
			Overnights	Weekends	Holidays

Have you ever been employed with RENEW before? Yes No

If yes, provide dates and position held.

Do you have a valid driver's license? Yes No	License Number:	No State	If yes, please provide the following: Expiration Date	Are you 18 years of age or over? Yes No

After reading the job description, are you able to perform the essential functions of the position for which you are applying, (position description with essential functions has been provided at time application is completed.)

[] YES, [] NO.

If you have any questions as to what functions are applicable to the position for which you are applying please ask the interviewer or Human Resources before you answer this question. If no please explain:

Instructions: ∞ Account for all periods of employment and unemployment, including military. **Beginning with your last or present employer**, list all employers for whom you have worked, either full time or part time.

∞ Describe each period of unemployment on a separate sheet, giving dates and reasons. Attach to this application.

∞ Indicate any employers whom you DO NOT want contacted for reference immediately.

Dates Employed	Name and Address of Employer	Supervisor's Name	Pay Rate	Reason for Leaving
From				
To	Type of Business	Area Code – Phone Number	Hours Per Week	May we contact? Yes No

Job Title and Duties

Dates Employed	Name and Address of Employer	Supervisor's Name	Pay Rate	Reason for Leaving
From				
To	Type of Business	Area Code – Phone Number	Hours Per Week	May we contact? Yes No

Job Title and Duties				
Dates Employed	Name and Address of Employer	Supervisor's Name	Pay Rate	Reason for Leaving
From				
To	Type of Business	Area Code – Phone Number	Hours Per Week	May we contact? Yes No
job Title and Duties				
Dates Employed	Name and Address of Employer	Supervisor's Name	Pay Rate	Reason for Leaving
From				
To	Type of Business	Area Code – Phone Number	Hours Per Week	May we contact? Yes No
Job Title and Duties				
Dates Employed	Name and Address of Employer	Supervisor's Name	Pay Rate	Reason for Leaving
From				
To	Type of Business	Area Code – Phone Number	Hours Per Week	May we contact? Yes No
Job Title and Duties				

Schools Attended	Name & Location of School	Major	Minor	Degree, Diploma Or GED	Date Started	Date Completed
High School or GED						
College or University						
College or University						
Business, Trade, Night, Etc.						
Business, Trade, Night, Etc.						

List additional training, skills, or certifications you have. Show equipment and computer programs you have used and your level of proficiency.

List three people who can objectively assess your professional behavior and work performance.			
Name	Title/Relationship	Phone	Business Address

IMPORTANT: PLEASE TAKE TIME TO READ CAREFULLY.

As an applicant, you agree to the following statements.

Certification: I certify the information on this application is true, correct, and complete; and I understand that any misleading information, omission, or falsification of this information is grounds for rejection of this application or my dismissal from employment, 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 the Human Resources Department 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 post-employment criminal history background check. I understand that my employment will be contingent upon satisfactory results of such inquiries and screening.

Verification: If employed, I promise, as a condition of employment, that within *three days* of starting work I will submit to Human Resources Department verification of my U.S. employment eligibility, as required by law, on INS Form I-9.

The below signed applicant hereby acknowledges that he/she has carefully read, understands, and agrees to the above.

Applicant Signature: _____
Date: _____

Referral Source: (Please check those that apply.)

- Newspaper Advertisement
- Job Service
- Walk-In
- Current RENEW Employee

Name _____

Past RENEW Employee Name _____
Other (Explain) _____

Implemented 7/03, Revision 5, 03/07