



APPLICATION FOR EMPLOYMENT

Please complete this form in your own handwriting. Incomplete applications will not be considered.

Name in Full:		
Phone Number:	E-mail Address:	
Mailing Address:		
City/State/Zip:		
Applying for the Position of:	I am seeking: Full-time Part-time	Salary Desired:
Professional Licensure valid in WY: Yes <input type="checkbox"/> No <input type="checkbox"/>		Received from where?
Have you ever been convicted of a crimes? Yes <input type="checkbox"/> If yes explain on attached sheet No <input type="checkbox"/>	Are you physically and mentally able to perform the essential functions of the position for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you received a copy of the job description for this position? Yes <input type="checkbox"/> No <input type="checkbox"/>		

I understand that Central Wyoming Hospice & Transitions is an EQUAL OPPORTUNITY EMPLOYER.

Please Initial-

AT-WILL EMPLOYER STATEMENT

I understand that my employment with CWHTP is AT-WILL and that my employment can be terminated by me or my employer at any time, without notice, for any reason or no reason at all. I also understand that no person employed by CWHP is authorized to make any promise or enter into any contract or implement any policy or procedure which states that I will be employed for any definite period of time, states that I cannot be discharged without notice or reason, or states that my employment is other than AT-WILL.

Please Initial-

EDUCATION

Institution	Where Located	# Years Attended	Did You Graduate	Degrees Earned

With you

that is
our promise.

Learn more at: CentralWyomingHospice.org

319 S. Wilson St.
Casper, WY 82601
307-577-4832



Our Mission:
*'To companion the end of life journey
with skill and compassion'*

Applicant's Name: _____
OCCUPATIONAL HISTORY (List most recent employer first, **do not omit** any employers)

Employer Name:			Salary:
Address:		City:	State: Zip:
Employment Dates:	From:	To:	Supervisor's Name:
Describe Job Duties:			
Reason for Leaving:			
May we contact this employer? (Please circle) Yes No			

Employer Name:			Salary:
Address:		City:	State: Zip:
Employment Dates:	From:	To:	Supervisor's Name:
Describe Job Duties:			
Reason for Leaving:			
May we contact this employer? (Please circle) Yes No			

Employer Name:			Salary:
Address:		City:	State: Zip:
Employment Dates:	From:	To:	Supervisor's Name:
Describe Job Duties:			
Reason for Leaving:			
May we contact this employer? (Please circle) Yes No			

Employer Name:			Salary:
Address:		City:	State: Zip:
Employment Dates:	From:	To:	Supervisor's Name:

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Describe Job Duties: _____

Reason for Leaving: _____

May we contact this employer? (Please circle) Yes No _____

PERSONAL REFERENCES

Name	Address	City/State/Zip	Phone
1.			
2.			
3.			

Applicant's Name: _____

Attending Mandatory Meetings –

I understand that fulltime and part-time employees of Central Wyoming Hospice & Transitions Program are required to participate in our Quality Assurance/Performance Improvement Program. Teams meet approximately 1 hour per month.

Please Initial- _____

I understand that Central Wyoming Hospice & Transitions Program employees are required to attend monthly staff meetings. Staff meets approximately 2 hours per month.

Please Initial- _____

Nursing Applicants –

Central Wyoming Hospice Program is a 24/7 facility. While every attempt is made to honor shift preferences to include; straight days, straight nights, weekends & holidays, I understand that I may be assigned to an alternative shift or department if coverage is needed.

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Please Initial- _____

How did you find out about this position? (current employee, newspaper, on-line, WY at Work, other)

If offered the position, when would you be available to start? _____

I authorize background checks and investigation of all statements contained in this application. I understand that misrepresentation or omission of facts may be cause for denial of employment or dismissal at a later date. I also authorize pre-employment testing if applicable.

Applicant's Signature

Date

This application will remain active and valid for a period of 1 year.

EMPLOYEE REFERENCE "RELEASE OF INFORMATION"

The below-named person has applied for a position with the Central Wyoming Hospice Program. In considering him/her for the position, we are seeking past employment information. The

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applicant's signature below releases past employer(s) to provide employment history including but not limited to verification of employment dates, job performance, work habits, skill level and whether the individual is re-hirable. Please complete the following and return ASAP.

Name of Applicant: _____
(Please print)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Signature of Applicant Release of Information
(Copy of this form shall be used as if original)

Date

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