



Parents Helping Parents of Wyoming, Inc.

Terri Dawson: Director

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS

Parents Helping Parents of Wyoming, Inc. is committed to providing equal employment opportunity to all employees and applicants without regard to race, sex, age, national origin, ancestry, affectional preference, disability, marital status, status with regard to public assistance, or any other basis protected by law.

Be sure to read all instructions carefully. This form may be complete online or printed to fill out manually. To complete online click in each box and enter the requested data. Save to your computer when done and email as an attachment to tdawson@wpic.org. If desired, include a cover letter including other skills, qualifications, or information you would like to include with your application.

PERSONAL DATA

Applicant Last Name		First	Middle Initial
Mailing/Street Address		Are you authorized to work in the U.S. on an unrestricted basis?	
City	State	Zip Code	<input type="checkbox"/> Yes <input type="checkbox"/> No
Present Telephone No. (Area Code/Number)		Social Security # _____	
Have you been convicted of or plead guilty to a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, briefly describe: _____			
NOTE: A conviction or guilty plea will not necessarily bar you from employment. Each conviction or guilty plea will be judged on its own merits with respect to time, seriousness, circumstances, and relation to job requirements.			

YOUR JOB INTERESTS/TYPE OF WORK DESIRED

I am applying for employment in:

Parent Information Center

Outreach Parent Liaison

Parent Education Network

Outreach Parent Liaison

Outreach Coordinator

Parent Teacher Group Coordinator

Parents as Teachers Parent Educator

Please check the box(es) indicating the work hours for which you are applying (work hour preference):

Days

Evenings

Full-time

Part-time

On what date would you be available to start work: _____

Salary Desired: \$ _____ Per: _____

EDUCATION AND TRAINING

Please complete all appropriate items, **even if you already provided us with a resume.**

Education	Location (include address, city, state, zip)	Graduate?
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No
College		<input type="checkbox"/> Yes <input type="checkbox"/> No Degree:
Graduate School		<input type="checkbox"/> Yes <input type="checkbox"/> No Degree:
Business/Trade School		<input type="checkbox"/> Yes <input type="checkbox"/> No
Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

List all office equipment that you operate proficiently:

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List any other relevant training, skills, qualifications (include certificates or licenses earned):

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EMPLOYMENT EXPERIENCE

Please list your job history with your past four employers, starting with your current or most recent position. Include any periods in which you were not employed and explain what you were doing during that time. Include U.S. military experience (show rank/rate at discharge), summer/part-time jobs, and cooperative education assignments.

Date (Mo/Yr)	Name & address of employer	Title, Position & Responsibilities	Salary	Reason for Leaving

REFERENCES

List three (3) people (not relatives), preferably past employers/supervisors, who can tell us about your qualifications.

Name	Occupation & Company	City, State	Phone	Years Known

APPLICANT'S STATEMENT:

I understand and agree that the information that I have provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand and agree that any misrepresentation or omission of any fact in my application, resume, or other materials, will be justification for denying me employment or for dismissal if I have already been hired.

I authorize Parents Helping Parents of Wyoming, Inc to investigate all information I have furnished on this application and of my past employment and activities. I agree to cooperate in such investigation and release from all liability and responsibility all persons and corporations requesting or supplying such information.

I understand and agree that receipt of this application by Parents Helping Parents of Wyoming, Inc in no way implies that I will be employed. I further understand and agree that if I am employed, I will be employed at-will, meaning that Parents Helping Parents of Wyoming, Inc or I may terminate my employment at any time and for any reason. I understand that no one at Parents Helping Parents of Wyoming, Inc has the authority to enter into any agreement for any specified period of time or to make any agreement altering the at-will nature of my employment.

Date

Signature of Applicant

PHP considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related condition or disability, or any other legally protected status.

PRE-EMPLOYMENT INFORMATION FORM

Date Applied: _____

Position Applied For: _____

TO ALL APPLICANTS:

The information requested below will be used as part of our Affirmative Action Program in accordance with state and federal regulations. Providing this information is voluntary. Refusal to provide information will not subject you to any adverse treatment. The information provided will be kept confidential except that information may be shared with government officials as required by law.

Name (Please Print): _____ Sex: Male Female

In What Racial/Ethnic Category Do You Consider Yourself to Belong?

- White (not of Hispanic Origin).** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black (not of Hispanic Origin).** All persons having origins in the Black African racial groups.
- Hispanic.** All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- Asian or Pacific Islander.** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or Indian subcontinent. The area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa.
- American Indian or Alaskan Native.** All persons having origins in any of the original people of North America who maintain identifiable tribal affiliations through membership and participation or community identification.

Signature