



WYO-BEN, INC.

APPLICATION FOR EMPLOYMENT

Discrimination because of sex, race, color, religion, national origin, age, disability, or Vietnam Era Veteran status is prohibited.

Equal Employment Opportunity Employer

GENERAL INFORMATION	FULL NAME (LAST, FIRST, MIDDLE)		Soc. Sec. No.	BUSINESS PHONE	PRESENT DATE
	PRESENT ADDRESS <small style="display: block; text-align: center;">CITY STATE ZIP CODE</small>				PHONE
	PERMANENT ADDRESS <small style="display: block; text-align: center;">CITY STATE ZIP CODE</small>				PHONE
	DATE AVAILABLE FOR WORK	WHO REFERRED YOU TO US?		Are You 18 or older?	
	TYPE OF WORK OR POSITION DESIRED			SALARY REQUIREMENTS	
	HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE?		IF SO, PLEASE EXPLAIN.		
EDUCATION	TYPE OF SCHOOL	NAME OF SCHOOL	CITY AND STATE	NO. OF YEARS ATTENDED	DEGREE OR DIPLOMA
	HIGH SCHOOL				
	COLLEGE				
	GRADUATE SCHOOL				
	VOCATIONAL SCHOOL				
	WHAT WAS YOUR MAJOR FIELD OF STUDY?				MINOR?
	List any certifications, recognition, special honors, or awards you have received.				
SKILLS	Use the space below to describe your interest in WYO-BEN, INC. and the skills and aptitudes that you feel qualify you for a position. (You may wish to include civic and community activities, professional societies in which you participate, hobbies, sports, special training or skills such as typing, accounting, and the like.)				

LIST YOUR EXPERIENCE IN CHRONOLOGICAL ORDER, INCLUDING WORK DONE WHILE GOING TO SCHOOL

WORK EXPERIENCE	PRESENT OR LAST EMPLOYER		DESCRIBE WORK EXPERIENCE		
	ADDRESS				
	POSITION TITLE				
	DATES EMPLOYED		SALARY	NAME OF SUPERVISOR	REASON FOR LEAVING
	FROM TO		BEGINNING END		
	Previous Employer		DESCRIBE WORK EXPERIENCE		
	ADDRESS				
	POSITION TITLE				
	DATES EMPLOYED		SALARY	NAME OF SUPERVISOR	REASON FOR LEAVING
	FROM TO		BEGINNING END		
	Next Previous Employer		Describe Work Experience		
	ADDRESS				
POSITION TITLE					
DATES EMPLOYED		SALARY	NAME OF SUPERVISOR	REASON FOR LEAVING	
FROM TO		BEGINNING END			
Next Previous Employer		Describe Work Experience			
ADDRESS					
POSITION TITLE					
DATES EMPLOYED		SALARY	NAME OF SUPERVISOR	REASON FOR LEAVING	
FROM TO		BEGINNING END			

HAVE YOU BEEN DISCHARGED OR REQUESTED TO RESIGN FROM ANY POSITION?
 NO YES (EXPLAIN)

REFERENCE	<i>LIST REFERENCES, NOT RELATIVES, WHO HAVE PERSONAL KNOWLEDGE OF YOUR TRAINING, EXPERIENCE AND CAPABILITY.</i>			
	NAME	POSITION	SCHOOL OR COMPANY	TELEPHONE NUMBER
	1.			
	2.			
	3.			

AUTHORIZATION	<p>I represent all information herein provided as being true and correct. I further authorize the verification of this information and the release of references, grade transcripts and additional information pertinent to my employment from sources identified in this application, including information from a consumer reporting agency in accordance with the Fair Credit Reporting Act.</p> <p>I hereby acknowledge that I have read the above statement and understand the same. I also understand that this application is valid for 180 days and will be destroyed after that time. In consideration of my employment, I agree to conform to the rules and regulations of the Company and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of the Company or myself, so long as the termination does not conflict with State or Federal regulations. I understand that no representative of the Company other than an officer of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.</p>	
	Signature of applicant _____ Date _____	

WYO-BEN, INC.

Main Office:	1345 Discovery Dr	▪ P.O. Box 1979	▪ (406) 652-6351	▪ Billings, MT 59103
Wyoming Office/Stucco Plants:	2700 Road 26	▪ P.O. Box 1072	▪ (307) 765-4446	▪ Greybull, WY 82426
Sage Creek Plant:	1062 Road 9	▪ P.O. Box 155	▪ (307) 765-2282	▪ Lovell, WY 82431



APPLICANT AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status or disability. As an affirmative action employer under E. O. 11246 we invite all applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORM.

PLEASE PRINT

Name _____ Date _____

Last

First

Middle

Position applied for (*list only one*) _____

Where did you hear about this job? _____

Racial origin (*You may mark one or more of the following*):

- White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Ethnicity:

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Gender: Male Female

Signature _____