



## APPLICATION FOR EMPLOYMENT

Please complete all requested information.

This application is valid for the current position you are applying for and will not be retained for future open positions.

Position(s) Applied for \_\_\_\_\_ Date \_\_\_\_\_

How Did You Learn About Us?

- Newspaper       WYO-BEN Website  
 Online Job Board \_\_\_\_\_  Other \_\_\_\_\_

### PERSONAL INFORMATION

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

E-mail \_\_\_\_\_

### GENERAL INFORMATION

On what date would you be available to work? \_\_\_\_\_

Do you need assistance to participate in the application or interview process?       Yes    No

Are you over 18 years of age?    Yes  No    If **no**, please list your age \_\_\_\_\_

Do you have any relatives employed by this facility?  Yes    No   If yes, name of relative \_\_\_\_\_

Are you legally eligible for employment in the United States?    Yes    No

### EDUCATION

Indicate each Major/Degree obtained and specify area of study

- High School graduate, diploma or equivalent (GED)  
 Trade/Technical/Vocational \_\_\_\_\_  
 Associate Degree \_\_\_\_\_  
 Bachelor's Degree \_\_\_\_\_  
 Master's Degree \_\_\_\_\_  
 Doctorate Degree \_\_\_\_\_

## ADDITIONAL INFORMATION

**Skills and Qualifications.** Summarize any training, skills, areas of specialization or major interest that may qualify you as being able to perform job-related functions in the position for which you are applying.

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### Professional Licenses and/or Certifications.

If licensed, registered or certified, list:

Type: \_\_\_\_\_ State Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_ No.: \_\_\_\_\_

Type: \_\_\_\_\_ State Issued: \_\_\_\_\_ Date Issued: \_\_\_\_\_ No.: \_\_\_\_\_

## EMPLOYMENT HISTORY

Please fill this section out completely and do not write "see resume." Provide at least 10 years of employment history beginning with your most recent employment.

<b>Company Name</b> _____
Address _____
Job Title (duties, skills, equipment used) _____
_____
_____
Dates of employment: Start ____/____/____ End ____/____/____
Reason for leaving _____
Person to Contact _____ Phone Number _____

<b>Company Name</b> _____
Address _____
Job Title (duties, skills, equipment used) _____
_____
_____
Dates of employment: Start ____/____/____ End ____/____/____
Reason for leaving _____
Person to Contact _____ Phone Number _____

**Company Name** \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title (duties, skills, equipment used) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dates of employment: Start \_\_\_\_/\_\_\_\_/\_\_\_\_ End \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Person to Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

**Company Name** \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title (duties, skills, equipment used) \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
Dates of employment: Start \_\_\_\_/\_\_\_\_/\_\_\_\_ End \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Person to Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

**Company Name** \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title (duties, skills, equipment used) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dates of employment: Start \_\_\_\_/\_\_\_\_/\_\_\_\_ End \_\_\_\_/\_\_\_\_/\_\_\_\_  
Reason for leaving \_\_\_\_\_  
Person to Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

**If you need additional space, please continue a separate sheet of paper.**

## APPLICANT STATEMENT

Offers of employment at **WYO-BEN, INC.** are contingent upon satisfactory completion of a pre-employment drug screen, physical examination, motor vehicle record and criminal background investigation depending on position type.

I certify that all information I have provided in order to apply for and secure work with **WYO-BEN, INC.** is true, complete and correct. If any information provided by me is found to be false, incomplete or misrepresented in any respect, it will be sufficient cause to cancel further consideration of this application, or immediately discharge me from **WYO-BEN, INC.** service, whenever it is discovered.

I expressly authorize **WYO-BEN, INC.** and its agents, without reservation, to contact and obtain information from all references, employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information regarding me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding **WYO-BEN, INC.** or its agents for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that **WYO-BEN, INC.** does not unlawfully discriminate in employment, and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I certify that I have read, fully understand and accept all terms of the foregoing Application Statement.

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

Signature \_\_\_\_\_

**WYO-BEN, INC. is an Affirmative Action and Equal Opportunity Employer. It is our policy to not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, age, marital status, sexual orientation, gender identity, genetic information, disability, veteran status, or any other status protected by federal, state or local laws.**

Submit completed application and EEO-1 Voluntary Self Identification Form to [jobs@wyoben.com](mailto:jobs@wyoben.com)



## EEO-1 Voluntary Self Identification Form

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to invite applicants to self-identify gender and race and complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

GENDER: (Please check one of the options)      Male      Female      Nonbinary

RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

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

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): 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.

American Indian or Alaska Native (Not Hispanic or Latino): 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.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

I do not wish to disclose

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