



2508 E. Fox Farm Road, 1-1A
Cheyenne, WY 82007
Phone: (307) 635-3618
Fax: (307) 635-1442
www.WYhealthworks.org

Application for Employment – Non-Clinician

(HealthWorks does not discriminate based on color, creed, religion, national origin, gender, age, disability, sexual orientation or any other status protected by law.)

Position applying for:

- Executive / Management Administrative Clinical Support Billing / Fiscal Office
- Outreach / Case Management Building Maintenance / Facilities Other _____

**Please accurately complete the entire application.
No action will be taken on applications with missing information.**

I. PERSONAL

Name: _____

Street Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ (Please PRINT clearly.)

Have you worked or attended school under any other names? YES NO

If YES, please list them: _____

Are you 18 years of age or older? YES NO

If hired, can you furnish proof of eligibility to work in the United States? YES NO

EMERGENCY CONTACT:

Name: _____ Phone: _____

How did you learn about the position? _____

If hired, when could you begin employment at HealthWorks? _____

Type of employment you are seeking (check all that apply):

- Full Time Part Time Temporary Independent Contract

Have you ever been convicted of, pled guilty to, or are charges pending against you for any crime including felonies, misdemeanors, municipal ordinances and/or any military code of justice violations, including driving under the influence of any intoxicating substance? Yes No

If yes, please explain (include dates):

II. EDUCATION

	Name & City, State	Years Complete	Dates Attended	Diploma / Degree / Certificate	Subject Focus
College / University					
Vocational / Technical School					
High School / GED					

Please describe skills and training you have relating to the position you are applying for:

III. EMPLOYMENT HISTORY

Are you currently employed? YES NO

Please provide information on your last three (3) employed positions – list the most recent first:

Employer Name:	_____	Phone:	_____
Street Address:	_____		
City:	_____	State:	_____ Zip: _____
Supervisor:	_____	Employed:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp
Start Date:	_____	End Date:	_____ Ending Salary: _____
Reason for Leaving:	_____		
List duties and responsibilities in this position:	_____		

Employer Name: _____	Phone: _____
Street Address: _____	
City: _____	State: _____ Zip: _____
Supervisor: _____	Employed: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp
Start Date: _____	End Date: _____ Ending Salary: _____
Reason for Leaving: _____	
List duties and responsibilities in this position: 	

Employer Name: _____	Phone: _____
Street Address: _____	
City: _____	State: _____ Zip: _____
Supervisor: _____	Employed: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp
Start Date: _____	End Date: _____ Ending Salary: _____
Reason for Leaving: _____	
List duties and responsibilities in this position: 	

IV. REFERENCES

Name: _____ Phone: _____
 Title / Relationship to You: _____ Length of Time Known: _____

Name: _____ Phone: _____
 Title / Relationship to You: _____ Length of Time Known: _____

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Name: _____ Phone: _____
 Title / Relationship to You: _____ Length of Time Known: _____

Name: _____ Phone: _____
 Title / Relationship to You: _____ Length of Time Known: _____

I _____ attest, under penalty of perjury, that the information I have provided is true and correct to the best of my knowledge.

Signed: _____ Date: _____