



**WHITNEY BENEFITS**  
*An educational foundation established by the  
 late Edward A. Whitney of Sheridan, Wyoming*  
**Executive Director: Erin Kilbride**

**Office Use Only**  
 Received: \_\_\_\_\_

P.O. Box 5085 (mailing)  
 145 N Connor St, Ste #1 (hand delivery)  
 Sheridan, WY 82801

Phone: 307-674-7303  
 Fax: 307-674-4335  
 Email: [coordinator@whitneybenefits.org](mailto:coordinator@whitneybenefits.org)

## EMPLOYMENT APPLICATION

<b><u>GENERAL INFORMATION</u></b>	Date _____ 20____
Position Desired: _____	
Name: _____	
(Last)	(First)
(Middle)	
Address: _____	
(Street)	(City)
(State)	(Zip)
Phone #: _____	
Email Address: _____	

<b><u>EDUCATION &amp; TRAINING</u></b>
Highest grade completed: 7 8 9 10 11 12 or GED      College: 1 2 3 4 5 6

Name & Location of College, and/or Vocational Schools Attended	Dates Attended		Course of Study	Graduate?		Degree or Certificate
	From	To		Yes	No	

List any apprenticeships, internships, trade schools and/or military schools, completed or not:						
Name of School or Apprenticeship	Dates Attended		Employee and Address	Graduate?		Type of Training
	From	To		Yes	No	

<b><u>EXPERIENCE &amp; SKILLS</u></b>	
List all equipment/machines you can operate and any other job skills relevant to the position you are applying for and the years of experience you have had with each.	
Equipment / Machine/Other Job Skills	Years of Experience

Licenses or Certifications Held:	Expiration (if applicable)

Availability:								Job Specific/Eligibility:				
When could you start work? Date: _____								If hired, can you provide proof that you are:				
What days would you be available to work?	M	Tu	W	Th	F	Sa	Su	18 Years of Age or Older?	Yes		No	
What hours would you be available to work?								Eligible to work in the U.S.?	Yes		No	

<b>EMPLOYMENT DATA</b>											
List all experience starting with present or most recent employer first.											
<b>Most Recent or Present Employer</b>											
Name of Employer						From		To			
Address											
Phone Number						Email Address					
Your Title											
Salary/Annual or Hourly			Beginning			Ending					
Describe in detail your duties and responsibilities:											
Number and kind of employees you supervised if applicable:											
Your Supervisor						May We Contact		Yes		No	
Reason for Leaving											

<b>Next Previous Employer</b>											
Name of Employer						From		To			
Address											
Phone Number						Email Address					
Your Title											
Salary/Annual or Hourly			Beginning			Ending					
Describe in detail your duties and responsibilities:											
Number and kind of employees you supervised											
Your Supervisor						May We Contact		Yes		No	
Reason for Leaving											

<b>Next Previous Employer</b>											
Name of Employer						From		To			
Address											
Phone Number						Email Address					
Your Title											
Salary/Annual or Hourly			Beginning			Ending					
Describe in detail your duties and responsibilities:											
Number and kind of employees you supervised											
Your Supervisor						May We Contact		Yes		No	
Reason for Leaving											

**REFERENCES**

List those that know of your abilities. Please list at least two professional/work references.

Name	Relationship	City/State	Phone	Email

**AFFIDAVIT, CONSENT AND RELEASE**  
**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any and all statements contained in this application.

**If required, as a condition of employment, I understand this employer requires background checks, motor vehicle record checks and drug screening.**

**I have read, understand and by my signature consent to these statements.**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

# REFERRAL SOURCE

## **Newspaper**

\_\_\_ The Sheridan Press

\_\_\_ Other: \_\_\_\_\_

## **Word of Mouth**

\_\_\_ Relative: \_\_\_\_\_

\_\_\_ Whitney Employee: \_\_\_\_\_

## **Website**

\_\_\_ Whitney Benefits

\_\_\_ Wyoming at Work

\_\_\_ Chamber of Commerce

\_\_\_ Facebook