
 Company Name Telephone Number

 Name of Supervisor Job Title
 Employment Dates (Month & Year) Start _____ End _____
 Most Recent Pay Rate \$ _____ Your Job Title _____
 Describe Your Duties _____
 Reason for Leaving _____
 May we contact this employer? Yes No
 If no, please explain _____

References

Give below the names of three persons not related to you, whom you have known at least one year.

Name	Telephone Number	Years Acquainted	Relationship

I certify that the answers to these questions are true to the best of my knowledge and I understand that misrepresentation or omission of facts on this application is cause for rejection of my application and dismissal from the College. I understand that employment is conditional upon my passing a criminal background check and I authorize you to do so. I agree that if employed, I will serve to the best of my ability and abide by the policies established by the Board of Directors and Administration of Wyoming Catholic College.

 Signature Date

Please complete and return this form with a resume and cover letter to:

Wyoming Catholic College
 Attn: Kristin Anderson
 306 Main Street
 Lander, WY 82520
 Phone (307) 335-442
kristin.anderson@wyomingcatholic.edu

(Electronic submissions are welcome.)