

Office Assistant Application

Special Olympics Wyoming

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. We intend that all qualified applicants be given equal opportunity, and that selection decisions be based on job-related factors.

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Answer each question fully and accurately. **Please Print**, except for signature at the bottom of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-related information.

Today's date: _____

This is a part-time hourly position. How many hours a week would you be available? (Please check all that apply)

4-8 hours 9-12 hours 12-16 hours 16-20 hours

When could you start work? _____

Last Name First Name Middle Name Telephone Number

Present Street Name City State Zip Code

Are you 18 years of age or older? Yes No
(If you are hired you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.?..... Yes No

Have you applied here before? Yes No If yes when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation?
Include any plea of "guilty" or "no contest." (Exclude minor traffic violations.)..... Yes No

If yes, give details _____
(a conviction will not necessarily disqualify an applicant for employment.)

List business or civic activities and offices held.

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LIST NAME AND ADDRESS OF SCHOOLS

Number of Years Completed	Diploma/ Degree/ Certificate	Subjects Studied
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High School or GED: _____

Vocational or Technical: _____

What skills or additional training do you have that relate to the job for which you are applying? _____

Have you worked on Computers? Yes No

If yes, have you worked on a personal computer or an apple (please circle on)

Special Olympics Involvement

Please list the sports you have competed in over the last year: _____

What other Special Olympics activities have you been involved in (list fundraising, training, or other events):

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List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Note: A job offer may be contingent upon acceptable references from current and former employers.**

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR) FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ Final \$
SUPERVISOR(S)	TELEPHONE	Reason for Leaving
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR) FROM TO
CITY, STATE, ZIP CODE		PAY: START \$ Final \$
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Are you presently employed? Yes No

If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Give three references:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organization from any legal liability in making such statements.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENT BY MANAGEMENT OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

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

Signature: _____ Date: _____

This application for employment will remain active for a limited time.