

MAGIC CITY ENTERPRISES
Cheyenne Professional Rehabilitation Services
Employment Application
307-637-8869
www.mcewyo.org

IMPORTANT: Read instructions stated below prior to completing this application.
Return to: Human Resource Office, 1780 Westland Rd., Cheyenne, WY 82001

1. Official Job Title as Stated on Announcement _____
2. Last Name _____ First Name _____ Middle Initial _____ Social Security Number _____
3. Mailing Address _____ City _____ State _____ Zip _____ E-mail address _____
4. Home Phone # _____ 5. Day or Message Phone # _____ 6. Driver's License # _____ State _____ Type _____
7. Circle type of appointment you would accept: Full-time Part-Time Evenings Graves Weekends Relief
8. Who referred you to Magic City Enterprises for employment? _____
9. Do you have any relatives or roommates employed my Magic City Enterprises? Yes No If "Yes", please specify their name and division. _____
10. Date available for work: _____
11. If you have worked for MCE in the past, specify division and dates of employment: _____
12. Have you ever been employed or attended school under any other names? List Names _____
13. Have you have any traffic violations in the past 5 years? Yes No If "Yes", list the violations: _____
14. Have you ever been convicted of a felony or been legally incarcerated? Yes No If "Yes", On a separate piece of paper, give the dates, details and penalties for each occurrence. *An answer "yes" does not constitute an automatic disqualification from employment.* _____
15. Do you have a High School Diploma or GED Certificate? Yes No High School/Location: _____
16. College or Vocational School and Location _____ Dates _____ Hours _____ Major _____ Degree Earned _____
17. List other JOB-RELATED special qualifications and skills, such as First Aid, CPR, certifications and expiration dates and any related experience with Developmental Disabilities. Etc. _____
18. If there are periods of time in your employment history when you were not employed, please explain the reason and the dates. _____

***** Notice: All applicants hired will be required to show proof that they are eligible to work in the United States in compliance with U.S. Immigration Law. New employees are required to pass a pre-employment drug screen, provide education documentation, and present an official copy of their driving record from the Department of Motor Vehicles. New hires will submit to an FBI/DCI/DSF background check with fingerprints and are conditionally hired pending the investigation's satisfactory results. *****

I CERTIFY THAT ALL INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATIONS MY RESULT IN REMOVAL FROM EMPLOYMENT CONSIDERATION OR DISMISSAL. I GIVE MCE ITS AUTHORIZED AGENTS PERMISSION TO VERIFY ANY INFORMATION GIVEN IN CONNECTION WITH THIS APPLICATION.

SIGNATURE OF APPLICANT: _____, DATE: _____

IMPORTANT INSTRUCTIONS FOR COMPLETING THE EMPLOYMENT APPLICATION FOR MAGIC CITY ENTERPRISES

- 1) You must complete every section of the application. Incomplete or illegible application will not be processed.
- 2) You may attach a resume with the application. However, a resume is not a substitute for information on this application
- 3) This application is valid for 90 days. If you have not heard from Magic City Enterprises within that time and still wish to be considered for employment, you must fill out another application.

DO NOT SUBSTITUTE A RESUME IN THE PLACE OF THIS APPLICATION OR ANY OF THE PARTS OF THIS APPLICATION

WORK HISTORY: Starting with your present or last job, list your employment history for the last ten years.

Employer: _____ From: MO/YR _____ To: MO/YR _____
Address: _____ City: _____ State _____ Phone _____
Your Title _____ May we contact the above employer? Yes No
Last Salary: \$ _____ Per _____ Hours Per Week: _____ Supervisor: _____
Reason for Leaving: _____
Duties: _____

Employer: _____ From: MO/YR _____ To: MO/YR _____
Address: _____ City: _____ State _____ Phone _____
Your Title _____ May we contact the above employer? Yes No
Last Salary: \$ _____ Per _____ Hours Per Week: _____ Supervisor: _____
Reason for Leaving: _____
Duties: _____

Employer: _____ From: MO/YR _____ To: MO/YR _____
Address: _____ City: _____ State _____ Phone _____
Your Title _____ May we contact the above employer? Yes No
Last Salary: \$ _____ Per _____ Hours Per Week: _____ Supervisor: _____
Reason for Leaving: _____
Duties: _____

Employer: _____ From: MO/YR _____ To: MO/YR _____
Address: _____ City: _____ State _____ Phone _____
Your Title _____ May we contact the above employer? Yes No
Last Salary: \$ _____ Per _____ Hours Per Week: _____ Supervisor: _____
Reason for Leaving: _____
Duties: _____

Employer: _____ From: MO/YR _____ To: MO/YR _____
Address: _____ City: _____ State _____ Phone _____
Your Title _____ May we contact the above employer? Yes No
Last Salary: \$ _____ Per _____ Hours Per Week: _____ Supervisor: _____
Reason for Leaving: _____
Duties: _____

Employer: _____ From: MO/YR _____ To: MO/YR _____
Address: _____ City: _____ State _____ Phone _____
Your Title _____ May we contact the above employer? Yes No
Last Salary: \$ _____ Per _____ Hours Per Week: _____ Supervisor: _____
Reason for Leaving: _____
Duties: _____

PERSONAL REFERENCES (Please do not list family members or relatives)

Please provide information on (3) three personal references who are familiar with your work performance.

NAME TELEPHONE YEARS KNOWN

Completion of this section is required to satisfy Federal Equal Opportunity Statistical Reporting and Research Requirements. This section will be detached from the application after processing and will not be made available to hiring agencies. Employees are treated during employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status. We comply with all government regulations, including our Affirmative Action responsibilities where they apply. As a government contracts we are required to provide reports containing the following information. Your cooperation is voluntary and appreciated.
Position applied for: _____ Referral Source: Advertisement ___ Friend ___ Relative ___ Walk-in ___ Other _____
Ethnic Group/Race: (Check One) Caucasian ___ African American ___ Hispanic ___ Asian ___ American Indian/Alaskan Native ___ Other ___
Veteran Status: (Check One) Not Applicable ___ Vietnam Era Veteran ___ Desert Storm Veteran ___ Enduring Freedom Veteran ___ Disabled Veteran ___
Sex: Male _____ Female _____

As part of the application process, please write a brief paragraph to the following question:

How would you train a developmentally disabled client to wash their clothes?