Central Wyoming College

Employee Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email: _____

	Yes	No		Yes	No
Are you a citizen of the United States?	☐	☐	If no, are you authorized to work in the U.S.?	☐	☐
Have you ever worked at CWC?	☐	☐	If yes, when? _____		
Are you a current CWC Employee?	☐	☐	If yes, what is your position(s)? _____		
Do you have a relative employed with CWC?:	☐	☐	If yes, what is your relative's name/position(s)? _____		

Voluntary Demographic Information

Date of Birth: _____

	YES	NO
Are you Hispanic or Latino?	☐	☐
	Male	Female
Gender	☐	☐
	Single	Married
Marital Status	☐	☐

Veteran Status: _____

	Yes	No
Do you require any accommodations?	☐	☐

If yes, please describe:

Race:
- ☐ American Indian/Alaska Native
- ☐ Black/African American
- ☐ Asian
- ☐ Native Hawaiian/Pacific Islander
- ☐ White/Caucasian
- ☐ Two or more races
- ☐ Other

Emergency Contact Information

Name and Relationship _____ Contact Information _____

Rehired Retiree

Are you a retired State of Wyoming Employee? ☐Yes* ☐ No
If yes, are you receiving retirement benefits from the Wyoming Retirement System? ☐Yes* ☐No
If you answered yes to either of these questions, please call the benefits and payroll office at .307-855-2309.

Policy and Procedure Acknowledgement, and Signature

I certify that my answers are true and complete to the best of my knowledge. False or inaccurate information may lead to dismissal per college procedure. This position is subject to all applicable federal, state, and local employment laws and CWC Policy and Procedure. I acknowledge that I have reviewed CWC Policy and Procedure, located on the Human Resources webpage and acknowledge that employment is contingent upon compliance with CWC Policy and Procedure. Questions regarding policy and procedure can be referred to your supervisor or Human Resources. Until a payroll disbursement form for direct deposit is completed and submitted to Payroll and Benefits, I acknowledge I will be receiving a physical payroll check and I acknowledge that a reissue of a payroll check will be subject to a $25.00 replacement fee.

Signature: _____ Date: _____

CWC provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to age, disability, genetic information, national origin, pregnancy, race/color, religion, protected veteran status, sex, or sexual orientation