

Presbytery of Wyoming
Sexual Misconduct Policy
EMPLOYEE APPLICATION

Attach Additional Sheets if Necessary

Name:

Address: _____

Street City State Zip

Phone: Home / Cell (circle) _____

Email: _____

Have you ever been known by any other name? _____ name(s):

If yes, please provide other

Employment Record (list current and previous employers for last ten years)

Most recent employer:

Address: _____

Your Supervisor:

_____ Title _____

Supervisor's Telephone Number: _____

Additional Person who can verify your employment:

_____ Telephone No. _____

Dates of employment: from _____ to _____

Reason for departure:

Next most recent employer:

Address: _____

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Your Supervisor: _____
_____ Title _____

Supervisor's Telephone Number: _____

Additional Person who can verify your employment:
_____ Telephone No. _____

Dates of employment: from _____ to _____

Reason for departure:

Next most recent employer:

Address: _____

Your Supervisor: _____
_____ Title _____

Supervisor's Telephone Number: _____

Additional Person who can verify your employment:
_____ Telephone No. _____

Dates of employment: from _____ to _____

Reason for departure:
