



WYOMING

*An independent licensee of the Blue
Cross and Blue Shield Association*

Please note:

Blue Cross Blue Shield of Wyoming only accepts complete, signed, and dated employment applications.

- ♦ **This Application for Employment may be downloaded and completed on your computer. (Tab to each field to complete).**
- ♦ **Once your application is complete:**
 - Check for thoroughness and accuracy;**
 - Print a hard copy; (one-sided print only)**
 - Sign and date;**
 - Email, mail or fax to BCBSWY, along with any necessary attachments.**

Email, Mail or Fax to:

job.applications@bcbswy.com

**Human Resources
Blue Cross Blue Shield of Wyoming
PO Box 2266
Cheyenne, WY 82003**

FAX # 307 432-2708

Be advised that any Application for Employment e-mailed to Blue Cross Blue Shield of Wyoming will NOT be delivered via a secure method. To avoid risk of unwanted exposure of your personal information, Blue Cross Blue Shield of Wyoming advises against electronic submission of your Application for Employment.

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APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

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



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Blue Cross Blue Shield of Wyoming is a Smoke Free Environment

(Cheyenne, WY City Code, Health & Safety, Title 8, Ch. 8.64, Smoking in Public Places)

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of 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-job-related information.

Job Applied For: _____ Today's Date: _____

Are you seeking: Full-time Part-time Temporary employment?

When could you start work? _____

Last Name; First Name; MI: _____ Telephone Number: _____

Address: _____ City; State; Zip: _____

E-Mail Address: _____ Social Security #: _____

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 **E-Verify used to confirm eligibility.**

How did you learn of this opening? News Ad WebSite/Internet Employee Referral

Other: _____

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

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

Are you aware of any relatives or immediate family currently employed by Blue Cross Blue Shield of Wyoming?
Yes No

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

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

If employed, do you expect to be engaged in any additional business or employment outside of our job?
Yes No

If yes, please explain _____

WORK HISTORY

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	Supervisor(s)		
Address	Employed From (mo/yr)	To (mo/yr)	
City, State, Zip	Pay Start	Final	
Telephone #	Title		
Duties			
Reason for Leaving			

Name of Employer	Supervisor(s)		
Address	Employed From (mo/yr)	To (mo/yr)	
City, State, Zip	Pay Start	Final	
Telephone #	Title		
Duties			
Reason for Leaving			

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City, State, Zip	Pay Start	Final	
Telephone #	Title		
Duties			
Reason for Leaving			

Name of Employer	Supervisor(s)		
Address	Employed From (mo/yr)	To (mo/yr)	
City, State, Zip	Pay Start	Final	
Telephone #:	Title		
Duties			
Reason for Leaving			

EDUCATION
List Name and Address of Schools

Institution	Number of Years Completed	Diploma/ Degree / Certificate
High School or GED:		

College or University:		
Subjects Studied:		

Vocational or Technical:		
Subjects Studied:		

SPECIAL SKILLS

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

What machines or equipment can you operate that are related to the job for which you are applying?

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number: _____ Class of License _____ State Licensed In _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details: _____

List professional, trade, business or civic activities and offices held.

(Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, veteran's status, sexual orientation, gender identity, disability or other protected status.)

REFERENCES

Have you worked or attended school under any other names? Yes No

If yes, give names: _____

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, not relatives or former employers:

Name	Address	Telephone #

AFFIDAVIT, CONSENT AND RELEASE

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 organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS 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. Ask the organization's representative for details.



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AFFIRMATIVE ACTION INFORMATION

It is the policy of this organization to provide equal employment opportunity to all qualified applicants for employment without regard to race, color, religion, national origin, sex, age, veteran status, disability, sexual orientation, gender identity, or any other status protected by law or regulation. As an affirmative action employer under E.O. 11246 we invite all applicants to identify themselves as indicated below.

COMPLETION OF THIS FORM IS VOLUNTARY AND IN NO WAY AFFECTS THE DECISION REGARDING YOUR APPLICATION FOR EMPLOYMENT. THIS FORM IS CONFIDENTIAL AND WILL BE MAINTAINED SEPARATELY FROM YOUR APPLICATION FORMS.

PLEASE PRINT

Name: _____ Date: _____
Last First Middle

Position Applied for: (list only one): _____

What is your race/ethnic origin? What is your sex?

- | | |
|--|---------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Male |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Female |
| <input type="checkbox"/> American Indian/Alaskan Native | |
| <input type="checkbox"/> Black | |
| <input type="checkbox"/> Two or more races, not Hispanic or Latino | |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander, not Hispanic or Latino | |
| <input type="checkbox"/> Asian, not Hispanic or Latino | |

PRE-OFFER INVITATION TO SELF-IDENTIFY

Blue Cross Blue Shield of Wyoming is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
 - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; **or**
 - A person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed Forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA – the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.

PRE-OFFER INVITATION TO SELF-IDENTIFY

PLEASE PRINT

NAME: _____ DATE _____
 LAST FIRST MIDDLE

JOB TITLE APPLIED FOR (*LIST ONLY ONE*) _____

SIGNATURE: _____

IF YOU BELIEVE YOU BELONG TO ANY OF THE CATEGORIES OF PROTECTED VETERANS LISTED ABOVE, PLEASE INDICATE BY CHECKING THE APPROPRIATE BOX BELOW.

AS A GOVERNMENT CONTRACTOR SUBJECT TO VEVRAA, WE REQUEST THIS INFORMATION IN ORDER TO MEASURE THE EFFECTIVENESS OF THE OUTREACH AND POSITIVE RECRUITMENT EFFORTS WE UNDERTAKE PURSUANT TO VEVRAA.

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS LISTED ABOVE

I AM NOT A PROTECTED VETERAN

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partial missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.