Eastern Wyoming College

3200 WEST C STREET TORRINGTON, WY 82240
(307) 532-8200 FAX (307) 532-8329

APPLICATION FOR EMPLOYMENT
ADJUNCT PROFESSIONAL

Eastern Wyoming College is committed to providing equal opportunity for access to and participation in college programs of instruction, services, and activities. It is the policy of the college to neither favor nor disfavor any individual on the basis of race, color, creed, religion, sex, disability, or national origin. The college is subject to and complies with the regulations of Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act. Inquires regarding compliance may be directed to the Personnel Director, Eastern Wyoming College, Torrington, WY, 82240 or phone (307) 532-8304, or the Wyoming Department of Education, Office for Civil Rights Coordinator, 2nd Floor, Hathaway Building, Cheyenne, WY 82002-0050, or (307) 777-6218.

PERSONAL DATA

Name _____

(Last) (First) (Initial) (Maiden)

Address _____

(Street) (City) (State) (Zip)

Social Security Number _____ Telephone Number _____

(Home) (Work)

Have you ever been convicted of a misdemeanor or felony? _____
Explain: _____

_____

EDUCATIONAL BACKGROUND (Submit official college transcript(s) with the application form)

College or University Name of Institution	City and State	Attendance From – To	Degree Received

COURSES REQUESTING TO TEACH (If Applicable, List EWC Location, Dept., Course Number and Course Title)

TEACHING EXPERIENCE AND WORK EXPERIENCE

(List in chronological order beginning with the most recent experience)

Name of Employer & Previous Supervisor	Duties	Dates

REFERENCES

List three former supervisors who we may contact. Other references may include those who are not related to you and who have definite knowledge of your qualifications and fitness for the position for which you are applying and whom we may contact.

MISCELLANEOUS

List below any of your outside interests, skills, and/or activities that you feel will support your application to teach the specific courses which you requested to teach.

Applicant's Signature Date

(Return completed application to the appropriate Division Chair's office or local area coordinator)

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(For Office Use Only)

INTERVIEWER'S COMMENTS

Interviewer's Signature Date

APPROVED TO TEACH – Division Chair –