



A National Guard Program

Wyoming Cowboy Challenge Academy

Courage To Change

Employment Verification Form

Cadet/Graduate Name _____

Employer's/Business Name _____

Physical Address _____

Mailing Address _____

City _____ State _____ ZIP _____

Point of Contact (Name) _____

Primary Telephone Number _____

Alternate Telephone Number _____

Hours Worked Per Week _____ Wage \$ _____ /Hour/Week/Month

Work Status Full-Time Part-Time

Permanent Temporary

Date of Hire: _____

Starting Date: _____

Employer Signature: _____

Title: _____

Date: _____

Please confirm if the WCCA graduate secured employment with your business or company. We track this young person's employment & placement for 12 months after returning home from our program. Please return this completed form by faxing, mailing, or telephoning us the information. Your assistance in providing this information is appreciated.

P.O. Box 697, Guernsey, Wyoming 82214-0697
(307) 836-7503
FAX (307-836-7525