



BUILDING SAFETY DIVISION

2101 O'NEIL AVENUE, ROOM 202 • CHEYENNE, WY 82001

Email: building@cheyennecity.org • Phone: (307) 637-6265

Visit Our Website: www.cheyennecity.org

A COMMUNITY OF CHOICE

THIRD PARTY EMPLOYMENT/EXPERIENCE VERIFICATION

**To be completed by Employer or Person Verifying Applicant's information.
(DO NOT use self-verification.)**

Applicant's Name: _____

Name and Address of employer or person
Verifying time and position of Applicant

Name _____
Address _____
City _____ State _____
Zip _____ Phone No. _____

Dates Employed: Start Date _____ End Date _____ Hours Worked _____

Job Title of Applicant _____

Job Description of Applicant _____

Is the information true and correct to the best of your knowledge including the time and type of work and duties? YES ___ NO ___

COMMENTS: _____

If it is necessary for a representative of the City of Cheyenne to contact you about this information, please give any information that may expedite this process.

Current Address _____ City _____ State _____ Zip _____
Day Phone No. _____ Cell Phone No. _____
Email address: _____

Printed Name And Title

Signature

Date