WYOMING MILITARY ASSISTANCE TRUST FUND

Employment Status Form

1. Service Member Name: _____

2. Employment Status:

☐ Full time at: _____
(Employer Name)

☐ Part time at: _____
(Employer Name)

3. Is this grant needed because of an employment related issue? ☐ Yes ☐ No

4. If you answered yes, have you contacted Employer Support of the Guard and Reserve (ESGR) concerning the issue?

Cheyenne Office (307) 772-5376 ☐ Yes ☐ No

5. Currently unemployed? ☐ Yes ☐ No

6. Is your unemployment due to a recent or upcoming deployment? ☐ Yes ☐ No

ALL SERVICES

If a Service Member is currently not employed, they are required to contact the Employment Support Program at (307) 772-5163.

Contact Date: _____

Name of Employment Support Program Staff Member: _____