

Print

Reset Form Fields



Application for Employment

Position: _____

Applicant: _____

Please fill this form out completely for employment consideration.

APPLICATION FOR EMPLOYMENT

AT WILL EMPLOYMENT – EQUAL OPPORTUNITY EMPLOYER WITH INDIAN PREFERENCE

PERSONAL INFORMATION

Name: _____ Date: _____

Mailing Address:

Home Address:

_____ City: _____ State: _____ Zip: _____
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_____ City: _____ State: _____ Zip: _____
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Home Phone: () _____ Cell Phone: () _____

Email: _____

Any special contact information: _____ Preferred method of contact: _____

Are you related to any current employee(s) of SCTCA? Yes No

If Yes, Name: _____ Relationship: _____ Position: _____

How did you hear about this position? _____ If referred, by whom? _____

Do you have the legal right to work in the U.S.? Yes No

Indian Preference:

American Indian <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate tribal affiliation: _____ Enrolled Member <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, tribe: _____ Enrollment #: _____
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EMPLOYMENT DESIRED

Position Desired:

_____ (Do NOT leave blank.)	Date you can start: _____
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Have you ever worked for SCTCA before? Yes No If Yes, When: _____

Position: _____ Reason for Leaving: _____

Have you ever applied for a position with SCTCA before? Yes No If Yes, when: _____

Is there anything that prevents you from working with minors? Yes No

If Yes, explain: _____

Can you perform the essential job requirements of the position you are applying for with or without reasonable accommodation? Yes No

Note: SCTCA considers reasonable accommodation measures that may be necessary for eligible applicants to perform essential job functions.

EDUCATION

	Name & Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree, Diploma, or Certificate
High School					
College					
Trade School					
Other					

LIST ANY PROFESSIONAL MEMBERSHIPS, TECHNICAL SKILLS OR SPECIAL TRAINING RECEIVED:
 (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status)

MILITARY SERVICE

Have you ever served in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of service: From ____/____/____ To ____/____/____
Branch: Rank at time of discharge:	Please name your MOS and provide a brief description of your job duties:

EMPLOYMENT HISTORY

Please complete the following section for your previous work experience (8 years minimum) beginning with your most recent position. Account for periods of unemployment over 30 days. Do not leave this section blank (even if you provide a resume), attach extra pages if necessary.

1.	Company Name	Job Title
Description of Duties:		Employed (month & year) From ____/____ To ____/____
		Reason for leaving
2.	Company Name	Job Title
Description of Duties:		Employed (month & year) From ____/____ To ____/____
		Reason for leaving

3.	Company Name	Job Title
Description of Duties:	Employed (month & year) From ____/____ To ____/____	
	Reason for leaving	

4.	Company Name	Job Title
Description of Duties:	Employed (month & year) From ____/____ To ____/____	
	Reason for leaving	

REFERENCES

Please provide three references of persons not related to you, that you have known for at least one year and are qualified to evaluate your capabilities.

	Name	Telephone (must be current)	Occupation	Years Acquainted
1.				
2.				
3.				

I certify that the information provided in this Application for Employment is true and complete to the best of my knowledge. If employed, any misstatements or omissions of fact on this application may result in my termination.

I hereby authorize SCTCA to substantiate and verify my past employment, previous salary history, credentials and any of the information associated with my qualifications. I also authorize my previous schools, employers and listed references to release to SCTCA any relevant information that may be requested in connection with my employment.

I understand that neither this document nor an acceptance of an offer of employment creates a contractual obligation upon SCTCA to continue to employ me in the future. I understand and agree that if offered employment, it is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time with or without good cause and without previous notice.

A valid Driver's License, Background Check and Drug Test will be required. A clean driving record (to be eligible for SCTCA vehicle insurance), health screening, Live Scan fingerprinting or credit reports may be required. If a credit report is obtained, SCTCA must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

Date: _____ Signature: _____