



Application for Employment

An Equal Opportunity Employer

Each question must be fully and accurately answered. Use blank paper if you do not have enough room on this form, or to include additional detail. Please type or print except for the signature. All information will be available only to persons involved in the selection process, Council on Occupational Education, or as required by law.

NAME _____ TODAY'S DATE _____
Last First Initial

PRESENT ADDRESS _____ TEL. NO. _____
No. Street City State Zip Day and Evening

Email Address _____

Position applying for? _____ When are you available for employment? _____

Seeking: Full-time _____ Part-time _____ Temporary _____ Substitute _____ Seasonal _____ Salary expectation: _____ (amount or range)

CAREER HISTORY

1. Name of Current or Most Recent Employer		Address		Telephone	Type of Business								
Dates Employed		Reason for Leaving		Supervisor's Name and Title									
<table border="1"> <tr> <td colspan="2">From</td> <td colspan="2">To</td> </tr> <tr> <td>Mo.</td> <td>Yr.</td> <td>Mo.</td> <td>Yr.</td> </tr> </table>		From		To		Mo.	Yr.	Mo.	Yr.				
From		To											
Mo.	Yr.	Mo.	Yr.										
List the jobs you held, duties performed, skills used or learned, advancements or promotions.													

May we contact your current employer? **Yes** **No**

2. Name of Next Previous Employer		Address		Telephone	Type of Business								
Dates Employed		Reason for Leaving		Supervisor's Name and Title									
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3. Name of Next Previous Employer		Address	Telephone	Type of Business
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From	To			
Mo. Yr.	Mo. Yr.	List the jobs you held, duties performed, skills used or learned, advancements or promotions.		

4. Name of Next Previous Employer		Address	Telephone	Type of Business
Dates Employed		Reason for Leaving	Supervisor's Name and Title	
From	To			
Mo. Yr.	Mo. Yr.	List the jobs you held, duties performed, skills used or learned, advancements or promotions.		

Have you ever been convicted of a criminal offense? Yes _____ No _____ (A conviction will not necessarily disqualify an applicant.)

If yes, please explain: _____

Are you over 18 years of age? Yes _____ No _____

Are you authorized to work in the United States? Yes _____ No _____
(Federal Law requires proof of identity and employment authorization for all new employees.)

For Driving Jobs Only: Do you have a valid driver's license? Yes _____ No _____ License Number and State Issued: _

EDUCATION (Circle last year completed)

SCHOOL NAME

MAJOR SUBJECTS / DEGREES

High School 1 2 3 4

College 1 2 3 4

Other job related education or industry training:

If you are an experienced operator of any machines or equipment, please list:

Other job related skills:

Certification: I give permission for the Southwest Applied Technology College (SWATC) to thoroughly investigate my work and educational history and verify all data given on the application, related papers, and interviews. I authorize the SWATC to perform said reference checks and investigations and release them from all liability or damage in obtaining this information. I authorize all individuals, schools, employers and firms named herein to provide any information requested about me and I release them from all liability for damage in providing this information. The information I have supplied is true and complete to the best of my knowledge. I understand that false statements on this application may be considered sufficient cause for elimination of my application from consideration or, if employed, for dismissal. If employment is obtained under this application, I will comply with all rules and regulations of the College. I understand that part of the employment process includes a background check and hereby provide my consent for the background check with the understanding that it will be viewed only by those individuals necessary to make employment decisions. I agree to be responsible for any College property and equipment issued to me until returned to the College and agree to pay for any property and equipment which I do not return.

_____ Date

_____ Signature of Applicant