

SISSETON WAHPETON COLLEGE APPLICATION FOR EMPLOYMENT

Position Applying for: _____ Date: _____

_____ Social Security Number _____
 Last Name First Name Middle Initial (Upon Hire)

_____ City, State and Zip Code
 Street Address/PO Box

Telephone Number: _____ E-Mail Address _____

VOLUNTARY PHYSICAL INFORMATION	
Do you have any physical or mental limitations that would prevent you from performing any work for which you are being considered?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you willing and able to lift up to 40 lbs?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Are you eligible for Indian Preference? YES NO

If YES, cite Tribal Affiliation (s): _____

To be considered for Indian Preference, attach evidence of Tribal enrollment or verification of Indian blood from the Bureau of Indian Affairs.

Are you a veteran of U.S. Military Service? YES NO

Type of Discharge: HONORABLE DISHONORABLE

To be considered for Veteran Preference, attach a copy of discharge papers.

EDUCATION:

Education Level	Name and Address	Last year	Year graduated	Degree Earned
High School/GED				
College				
Vocational/Technical				

DESCRIBE SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, EXTRA CURRICULAR ACTIVITIES, INCLUDING GRADUATE, INCLUDE DATES OF ATTENDANCE: (Use a separate piece of paper if needed)

Are you employed now? YES NO

May we contact your present employer? YES NO

On what date would you be available for work? _____

Have you ever been convicted of a felony? YES NO

If YES, please explain: _____

NOTE: Lack of disclosure of felony conviction is grounds for immediate termination.

EMPLOYMENT EXPERIENCE: Start with your present or last job. Include military service assignments and volunteer activities.

1. Employer: _____ Job Title: _____

Address: _____

Supervisor: _____

Telephone Number: _____

Hours per week: _____

Dates Employed – From: _____

To: _____

Work Performed: _____

Reason for Leaving: _____

2. Employer: _____ Job Title: _____

Address: _____

Supervisor: _____

Telephone Number: _____

Hours per week: _____

Dates Employee – From: _____

To: _____

Work Performed: _____

Reason for Leaving _____

3. Employer: _____ Job Title: _____

Telephone Number: _____ Hours per week: _____

Address: _____ Supervisor: _____

Dates Employed – From: _____ To: _____
Work Performed:

Reason for Leaving:

4. Employer: _____ Job Title: _____

Telephone Number: _____ Hours per week: _____

Address: _____ Supervisor: _____

Dates Employed From: _____ To: _____
Work Performed:

Reason for Leaving:

Have you been involuntarily discharged or asked to resign from a position in lieu of discharge from any position within the past five years? YES NO If yes, please explain:

Additional work related information (optional):

Emergency Contact's Name

Name:
Address:

Relationship:

Phone Number:

APPLICANT'S AGREEMENT

READ CAREFULLY BEFORE SIGNING

I certify that information given herein is true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this APPLICATION FOR EMPLOYMENT as necessary in arriving at an employment decision. I understand that this Application is not a contract for employment.

I understand that misrepresentation or omission of facts called for in this Application is cause for its cancellation and/or discharge from employment.

APPLICANT'S SIGNATURE: _____ DATE: _____