



Application for Employment

An Equal Opportunity Employer

It is important that all information on this application is completed accurately. Failure to do so may disqualify you from consideration of employment. All questions need to be answered even if you have a resume, if an area is not applicable please designate with N/A. Any false or misleading information is grounds for immediate disqualification or termination from employment.

Name: _____
First Middle Last

Address: _____
P.O. Box # / Street City State Zip Code

Phone # _____ Best time to reach you: _____

E-mail Address: _____

Do you own reliable transportation? Yes No Do you have a valid driver's license? Yes No

Do you have any friends or relatives in our employ? (If yes, name & relation) _____

Have you applied here before? If yes, when? _____ Were you ever employed here? If yes, when? _____

Do you presently have any military obligations? (National Guards, Reserves, etc.) Yes No

If yes for military, you understand you must provide us current schedules for your military service? Yes No

Education	Name	Diploma/Degree/Certificate
High School or GED		
College or University		
Other		

Employment Type Other _____
 Developmental Home Provider Community Support (Day Program) Respite Support (Weekends/Overnights)

Days / Hours available to work (Be Specific)							Full Time <input type="checkbox"/>
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Part Time <input type="checkbox"/>
							Seasonal <input type="checkbox"/>

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

Employment History: List your last three employers.

Employer Name	Dates Employed From _____ To _____	Supervisor
Address		
Telephone	Job Description	
Reason for Leaving		

Employer Name	Dates Employed From _____ To _____	Supervisor
Address		
Telephone	Job Description	
Reason for Leaving		

Employer Name	Dates Employed From _____ To _____	Supervisor
Address		
Telephone	Job Description	
Reason for Leaving		

Other Relevant Employment or Training

Please list all preexisting injuries or medical conditions

How did you hear about SCC

Did you complete this application yourself? Yes No (If no, list who helped and why below)

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I acknowledge that I have read and understand the above.

Signature of Applicant: _____ Date: _____