

Seward County Community College

----Staff Application for Employment----

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Phone
	City, State, Zip			Business Phone
	Have you ever applied for employment with us? Yes No If yes, Month and Year Location			E-mail address
	Position Desired			Pay Expected
	Are you able to work full-time? Yes No If not, what hours can you work?			Will you work overtime if asked? Yes No
	Are you legally eligible for employment in the United States? Yes No			When will you be able to work?
	Other special training or skills (languages, machine operations, etc)			
	How did you learn of our organization?			
	Are you related to anyone employed at Seward County Community College? Yes No If yes, to whom?			
	Do you have a valid drivers license? Yes No			

E D U C A T I O N	School: Name and Location	Course of Study	No. Of Years Completed	Did You Graduate?	Degree of Diploma
	College or Vo-Tech			Yes No	
	High School or GED			Yes No	
	Other			Yes No	

Membership in Professional or Civic Organizations (Exclude those which may disclose race, color, or national origin)

Have you ever been convicted of a felony? If yes, explain:

List all employment for the past ten (10) years (more forms are available if needed):

Previous Employment	Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.
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1	Company Name	Telephone
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

2	Company Name	Telephone
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

3	Company Name	Telephone
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

4	Company Name	Telephone
	Address	Employed (State Month and Year) From _____ To _____
	Name of Supervisor	Weekly Pay Start _____ Last _____
	State Job Title and Describe Your Work	Reason for Leaving

We may contact the employers listed above unless you indicate those you do not want us to contact	DO NOT CONTACT
	Employer Number(s) _____ Reason _____ _____

Give three references who have knowledge of your character, personality and/or of work ability.

Complete Name	Complete Address/Phone number	Official Position

IT IS UNDERSTOOD AND AGREED that any misrepresentation by me in this application will result in cancellation of this application and if employed shall be sufficient cause for separation from the College's employment. I hereby authorize any company or institution with who I have been associated to furnish Seward County Community College information concerning my employability which they have on record, and do hereby release the company or institution and all individuals connected therewith from all liability for any damage whatsoever incurred in furnishing such information.

IN CONSIDERATION OF MY EMPLOYMENT, I agree to conform to the rules and regulations of Seward County Community College and the State of Kansas.

Signature of Applicant

Date

Application is valid for 60 days. Contact the Human Resources office if you wish your application to be in consideration of a specific job opening.

Kansas is an at-will state, and employment is at the will of the employer, and either the employer or the employee may at any time terminate the employment relationship without cause.

Seward County Community College does not discriminate on the basis of race, religion, color, national origin, gender, age, or disability in admission or access to, or treatment or employment in, its programs and activities.