

# 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

\_\_\_\_\_ E-Mail Address  
Telephone Number: \_\_\_\_\_

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 attended	Year graduated	Degree Earned
High School/GED				
College				
Graduate Degree				

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: \_\_\_\_\_

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2. Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Hours per week: \_\_\_\_\_

Dates Employed - From: \_\_\_\_\_ To: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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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): \_\_\_\_\_

### 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: \_\_\_\_\_