

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: _____

2. Employer: _____ Job Title: _____

Address: _____ Supervisor: _____

Telephone Number: _____ Hours per week: _____

Dates Employed - 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): _____

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: _____