



Seminole State College

Application for Employment

Return to: Human Resources Office, P. O. Box 351, Seminole, OK 74818
 or take to Ben & Bonnie Walkingstick Student Services Center, Fiscal Affairs,
 or email to hr@sscok.edu *Applications will remain active for 90 days.*

Please type or print in ink

Last name as shown on Social Security Records		First	Middle
Address		City, State, Zip	
Home Phone	Work Phone	Email	Do you have a current driver's license? ____ Yes ____ No
Are you legally entitled to work in the United States? ____ Yes ____ No <i>Documentation of your identity and employment eligibility must be provided upon hire as required by the Immigration Reform and Control Act of 1986.</i>		Are you at least 18 years old? ____ Yes ____ No	
Type of position preferred: __ Custodial/Housekeeping __ Technical/Paraprofessional __ Service/Maintenance __ Skilled Crafts	Type of employment desired: __ Full Time __ Part Time __ Temporary	List any specific position you wish to be considered for, in addition to being placed in the applicant pool: _____	
Do you have any relatives employed at SSC? ____ Yes ____ No (If yes, please list) _____ (Name, Relationship, and Department)			

Education

School	Name of School	Course of Study	No. of Years Completed	Did you graduate? Month/Year	Hours/Degree or Diploma
High School or GED					
Business/Trade /Technical					
College					
Graduate					
If you have had military experience, you are encouraged to list any job skills you acquired which could help you qualify for SSC Jobs.					
Where did you hear of this opening? ____ Newspaper ____ Website ____ Other: list-_____					

Seminole State College in compliance with Title VI and VII of the Civil Rights Act of 1964, as amended, Title IX of the Education Amendments of 1972, Americans with Disabilities Act of 1990, and other federal laws and regulations, does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, or status as a veteran in any of its policies, practices, or procedures. This includes but is not limited to admissions, employment, financial aid, and educational services.

EMPLOYMENT EXPERIENCE

Please list all prior employment beginning with current or most recent employment first.

If necessary, you may attach additional sheets with employment history.

May we contact your present employer? Yes No Name: _____

Employer: _____ Telephone/Email: _____
Employer's Address: _____
Immediate Supervisor: _____ Title: _____
Your Title/Rank: _____ Department: _____
<input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time Starting Salary: _____ Last or Present Salary: _____
Date Employed: Month _____ Year _____ Date Separated: Month _____ Year _____
Specific Duties: _____
Reason for Leaving: _____

Employer: _____ Telephone/Email: _____
Employer's Address: _____
Immediate Supervisor: _____ Title: _____
Your Title/Rank: _____ Department: _____
<input type="checkbox"/> Temporary <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time Starting Salary: _____ Last or Present Salary: _____
Date Employed: Month _____ Year _____ Date Separated: Month _____ Year _____
Specific Duties: _____
Reason for Leaving: _____

REFERENCES

Name: _____
Address: _____
Telephone and Email: _____
Name: _____
Address: _____
Telephone and Email: _____
Name: _____
Address: _____
Telephone and Email: _____

I understand the misrepresentation of fact in this application will be sufficient grounds for termination of my employment or cancellation of job offer without notice anytime hereafter. I specifically authorize Seminole State College (SSC) to investigate my background, including any and all references available, criminal, and other judicial records, where applicable to the position for which I am applying and consistent with applicable law. I authorize SSC to use all legal means at its disposal to assess my suitability for employment. I make this authorization in return for SSC's consideration of me for employment, and I specifically release and hold SSC harmless for any and all liabilities arising out of its investigation of my application for employment.

DATE

SIGNATURE OF APPLICANT (*Read above statement before signing*)