



# TSELANI/COTTONWOOD CHAPTER

## Employment Application

<u>APPLICATION</u>	
COMPLETE	<input type="checkbox"/>
INCOMPLETE	<input type="checkbox"/>

**Application Check-list:**

____ Copy of Social Security Card	____ Copy of Driver's License or State ID Card
____ Voter's Registration with TCC (18+)	____ Copies of Certificates/Diplomas (if available)

**PERSONAL INFORMATION**

SOCIAL SECURITY NUMBER	FIRST, MIDDLE, LAST NAME			
DATE OF BIRTH	MAILING ADDRESS	CITY	STATE	ZIP CODE
	P.O. BOX			
DRIVERS LICENSE / ID NUMBER	STATE	EXP. DATE	PHONE / MESSAGE NO.	
ARE YOU OR PARENTS A REGISTERED VOTER OF THE CHAPTER? <input type="checkbox"/> YES <input type="checkbox"/> NO			CENSUS NUMBER	
Mother: _____	Father: _____			
ARE YOU A VETERAN? YES <input type="checkbox"/> NO <input type="checkbox"/>		DO YOU WISH TO CLAIM VETERANS' EMPLOYMENT PREFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<small>To verify veteran status, please provide a copy of DD Form 214/215</small>		<small>If Yes, please complete an Application for Veterans' Employment Preference</small>		
WHAT LANGUAGES DO YOU SPEAK FLUENTLY?		READ	WRITE	ARE YOU CURRENTLY EMPLOYED? YES <input type="checkbox"/> NO <input type="checkbox"/>

**POSITION INFORMATION**

CLOSING DATE	POSITION TITLE
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**EDUCATION**

NAME AND LOCATION OF SCHOOL	DATES ATTENDED		MAJOR/MINOR	CIRCLE LAST YEAR COMPLETED				DEGREE/DIPLOMA RECEIVED
	FROM	TO		9	10	11	12	
HIGH SCHOOL								
COLLEGE/UNIVERSITY				1	2	3	4	
COLLEGE/UNIVERSITY				1	2	3	4	
TECHNICAL/VOCATIONAL/BUSINESS SCHOOL								

LIST ADDITIONAL JOB RELATED TRAINING - INCLUDE DATES OF TRAINING AND JOB RELATED TRAINING:


PLEASE PRINT ALL INFORMATION

**CHARACTER REFERENCES**

(Do not list relatives)

NAME	OCCUPATION	ADDRESS	PHONE NUMBER
1.			
2.			

**ADDITIONAL EMPLOYMENT INFORMATION**

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES  NO  IF YES, GIVE DATE AND REASON.

ATTACH ADDITIONAL SHEET IF NECESSARY

LIST ANY PHYSICAL CONDITION(S) WHICH MAY CHALLENGE YOUR ABILITY TO PERFORM THE RESPONSIBILITIES OF THE JOB FOR WHICH YOU ARE APPLYING.

Related to anyone in the Chapter? NAME(S):

RELATIONSHIP:

IN CASE OF EMERGENCY-CONTACT

NAME:

PHONE NO:

RELATIONSHIP:

**WORK EXPERIENCE**

(Begin with current or most recent position)

EMPLOYER'S NAME AND ADDRESS:	DATES EMPLOYED - MO/YR FROM TO	JOB TITLE
SUPERVISOR:	SALARY BEGINNING ENDING	REASON FOR LEAVING
TELEPHONE NUMBER:		

DESCRIBE DUTIES AND RESPONSIBILITIES

EMPLOYER'S NAME AND ADDRESS:	DATES EMPLOYED - MO/YR FROM TO	JOB TITLE
SUPERVISOR:	SALARY BEGINNING ENDING	REASON FOR LEAVING
TELEPHONE NUMBER:		

DESCRIBE DUTIES AND RESPONSIBILITIES

**\*\*\*BENEFICIARY\*\*\***

Name: Address: Phone Number:

**PRE- EMPLOYMENT STATEMENT - PLEASE READ CAREFULLY AND SIGN THE STATEMENT BELOW**

THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. ANY MISREPRESENTATION OR OMISSION OF ANY FACT IN MY APPLICATION, OR ANY OTHER MATERIALS USED IN THE APPLICATION PROCESS, OR INFORMATION OFFERED DURING ANY INTERVIEWS, CAN BE JUSTIFICATION FOR REFUSAL OF EMPLOYMENT, OR IF EMPLOYED, TERMINATION FROM EMPLOYMENT WITH THE TSELANI/COTTONWOOD CHAPTER. MY SIGNATURE BELOW AUTHORIZES TSELANI/COTTONWOOD CHAPTER TO CONTACT ANY OF MY PRIOR EMPLOYERS FOR REFERENCE PURPOSES.

SIGNATURE

DATE