



# Application for Employment

**Semcac**

204 South Elm, PO Box 549, Rushford, MN 55971-0549 Ph: 507-864-7741 Fax: 507-864-2440

www.semcac.org

To applicant: We appreciate your interest in our agency. To determine whether your qualifications meet the needs of the position you are applying for we need a complete understanding of your background and work history. Please print legibly.

## APPLICANT INFORMATION

Date:	Email:	
Last Name:	First:	Middle:
Address:	City/State/Zip:	
Home/Cell Phone #:( )	Other contact #:( )	
Are you legally eligible for employment in the U.S.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Were you previously employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No	Salary desired:	
On what date will you be available for work?	Hours available:	

## EMPLOYMENT DESIRED

Position you are applying for:

Summarize special skills and qualifications:

## RECORD OF EDUCATION

School	Name/Address	Course of Study	Year Completed	Graduate	Diploma/ Degree
Elementary			5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any certifications, recognition, special honors, or awards you have received:

Are you a current or previous Head Start parent?  Yes  No

**REFERENCE AND JOB HISTORY INFORMATION**  
**List employers beginning with most recent**

Employer:

Supervisor:

Address:

Phone:

Job Title:

Dates of Employment:

Reason For Leaving:

Summarize the type of work performed and job responsibilities:

Employer:

Supervisor:

Address:

Phone:

Job Title:

Dates of Employment:

Reason For Leaving:

Summarize the type of work performed and job responsibilities:

Employer:

Supervisor:

Address:

Phone:

Job Title:

Dates of Employment:

Reason For Leaving:

Summarize the type of work performed and job responsibilities:

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May we contact the listed employers?    Yes    No, explain:

**PERSONAL REFERENCE  
Other than relatives**

Name and Occupation	Address	Phone Number

**PLEASE READ AND SIGN BELOW**

The facts set forth in my application for employment are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that any employment relationship with this organization is of an "at will" nature, which means that an employee may resign at any time and the employer may discharge employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that if I am employed, I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Note to applicants: **HAVE YOU RECEIVED A JOB DESCRIPTION INFORMING YOU ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING AND A REVIEW OF THE ACTIVITIES INVOLVED IN SUCH JOB OR OCCUPATION?**

Yes     NO

If yes, are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?     Yes     No

**If Semcac employs you, you will be required by Federal Law to complete the Immigration and Naturalization Service Form I-9 to verify your identity and employment eligibility.**

**You may add a resume to this application for more detail**

**\*\*\*Equal Opportunity Employer\*\*\***