

# Application For Employment

**Northwest Technology Center**  
**1801 South 11th**  
**Alva, OK 73717**  
**(580) 327-0344**

### EQUAL EMPLOYMENT OPPORTUNITY POLICY

Northwest Technology Center considers all qualified applicants for each position and does not discriminate with regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status. This policy is followed in the operation of its educational programs and activities, recruitment, admissions and employment practices.

### (PLEASE PRINT OR TYPE)

Position(s) Applied For:	Date of Application:
When are you available for employment:	Acceptable Minimum Salary:
Referral Source	<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Agency <input type="checkbox"/> Other (Please specify) _____
Additional materials submitted with employment applications become property of Northwest Technology Center and will not be returned to applicants.	

### PERSONAL DATA

Last Name:	First Name:	Middle:	Social Security Number:
Present Address:	City:	State:	Zip Code:
Permanent Address:	City:	State:	Zip Code:
Home Phone (including area code):	Business Phone (including area code):		
Email Address:			
Are you related to anyone who is currently employed at Northwest Technology Center? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide the following:			
Name:		Relationship: _____	
Have you ever been employed here before? <input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____			
Are you available for work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Shift Work: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any periods during the year when you will not be available for work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, explain:			

### PERSONAL DATA CONTINUED

Complete information requested for each level of education	School Name & Location City & State	Date Attended From - To	Year Graduated	Type of Certificate, Diploma, Degree, & Major
High School		-		
College or University		-		
		-		
		-		
		-		
Military School(s) Apprenticeship, or Other Trade or Technical Training Programs		-		
		-		
		-		
		-		

Please continue on a separate sheet of paper if you need additional space.

### EMPLOYMENT EXPERIENCE

List each position held, beginning with your present or most recent position. Work back through previous positions and include military experience. Continue on a separate sheet of paper if you need additional space.

Dates Employed		Name and Address of Employer		Job Duties
From	Mo.	Name:		
	Yr.	Address:		
To	Mo.			
	Yr.	Phone:		
Job Title:		Ending Salary:		
Supervisor:				
Reason for Leaving:				
Dates Employed		Name and Address of Employer		Job Duties
From	Mo.	Name:		
	Yr.	Address:		
To	Mo.			
	Yr.	Phone:		
Job Title:		Ending Salary:		
Supervisor:				
Reason for Leaving:				
Dates Employed		Name and Address of Employer		Job Duties
From	Mo.	Name:		
	Yr.	Address:		
To	Mo.			
	Yr.	Phone:		
Job Title:		Ending Salary:		
Supervisor:				
Reason for Leaving:				

### EMPLOYMENT EXPERIENCE CONTINUED

Dates Employed		Name and Address of Employer	Job Duties
From	Mo.	Name:	
	Yr.	Address:	
To	Mo.		
	Yr.	Phone:	
Job Title:		Ending Salary:	
Supervisor:			
Reason for Leaving:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

  

Dates Employed		Name and Address of Employer	Job Duties
From	Mo.	Name:	
	Yr.	Address:	
To	Mo.		
	Yr.	Phone:	
Job Title:		Ending Salary:	
Supervisor:			
Reason for Leaving:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

### TEACHER CERTIFICATION AND LICENSING

Do you presently hold any type of teaching or administrative certification in Oklahoma? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list type, number, and expiration date of certificate:		
Type:	No.	Expiration Date:
Type:	No.	Expiration Date:
Type:	No.	Expiration Date:
Note: Specific information regarding teaching certification may be obtained by writing to Vocational Technical Certification, Oklahoma Department of Career and Technology Education, 1500 West Seventh Avenue, Stillwater, OK 74074, or by telephone (405) 377-2000.		

### TRADE CERTIFICATION AND LICENSING

Are you licensed or certified by any trade or profession? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, indicate kind of license or certificate:		

### GENERAL INFORMATION

List any professional activities, skills such as typing, word processing, machine operation, special training, etc., or other information that is pertinent to this application and the position applied for. Please continue on separate sheet of paper if you need additional space.

## REFERENCES

Persons listed must be able to provide information related to performance on the job.

Name: _____	Phone: _____
Address: _____	E-mail: _____
City: _____	
State: _____	Zip: _____
<hr/>	
Name: _____	Phone: _____
Address: _____	E-mail: _____
City: _____	
State: _____	Zip: _____
<hr/>	
Name: _____	Phone: _____
Address: _____	E-mail: _____
City: _____	
State: _____	Zip: _____
<hr/>	
Name: _____	Phone: _____
Address: _____	E-mail: _____
City: _____	
State: _____	Zip: _____

## AGREEMENT

<p>I certify that answers given herein are true and complete. False or misleading information given in my application or interview(s) will result in my not being hired and may result in discharge at anytime. I authorize you to refer to any current or former employers or others to verify statements made. Failure to complete this application in full will result in disqualification of my application.</p>	
<p>_____                  Legal Signature of Applicant                  (Please type name to indicate agreement if submitting via e-mail)</p>	<p>_____                  Date</p>

### FOR USE BY ADMINISTRATIVE PERSONNEL ONLY

Position: _____	Interviewed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Interviewer: _____	Date: _____	Time: _____
Position: _____	Interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Interviewer: _____	Date: _____	Time: _____
Position: _____	Interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Interviewer: _____	Date: _____	Time: _____
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: _____	
Effective Date: _____	Salary: _____	
<p>_____                  Signature</p>	<p>_____                  Position</p>	<p>_____                  Date</p>