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## APPLICATION FOR EMPLOYMENT

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### EQUAL EMPLOYMENT OPPORTUNITY POLICY

Indian Capital Technology Center considers all qualified applicants for each position and does not discriminate on the basis of race, color, national origin, sex/gender, age, disability, or veteran status. Inquiries concerning application of this policy may contact Compliance Officer Sharon Billings at 2403 N. 41<sup>st</sup> Street East Muskogee, OK 74403 or call (918)348-7936 or email sharonb@ictctech.com.

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Position applied for: \_\_\_\_\_ Date of application: \_\_\_\_\_

When are you available for employment? \_\_\_\_\_

Referral source: ( ) advertisement ( ) friend ( ) relative ( ) agency ( ) other: \_\_\_\_\_

### PERSONAL DATA

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Number Street City State Zip

Permanent Address: \_\_\_\_\_  
Number Street City State Zip

Home/Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Have you ever filed an application here? ( ) yes ( ) no If yes, date: \_\_\_\_\_

Have you ever been employed here? ( ) yes ( ) no If yes, date: \_\_\_\_\_

Are you available to work evenings? ( ) yes ( ) no If yes, date: \_\_\_\_\_

Are you legally eligible for employment in the United States? ( ) yes ( ) no

Are there any periods during the year when you will not be available for work? ( ) yes ( ) no

If yes, when? \_\_\_\_\_

Have you ever been charged with or convicted of a felony? ( ) yes ( ) no

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION

Complete Information Requested for Each Level of Education	School Name and Location City & State	Date <u>Attended</u> 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. **THIS SECTION MUST BE COMPLETED WHETHER RESUME IS ATTACHED OR NOT.**

Dates Employed		Name and Address of Employer	Summary of Work Performed
From	Mo. ____ Year ____	_____	
To	Mo. ____ Year ____	_____	
Job Title:			
Supervisor:			
Reason for Leaving:			
Dates Employed		Name and Address of Employer	Summary of Work Performed
From	Mo. ____ Year ____	_____	
To	Mo. ____ Year ____	_____	
Job Title:			
Supervisor:			
Reason for Leaving:			
Dates Employed		Name and Address of Employer	Summary of Work Performed
From	Mo. ____ Year ____	_____	
To	Mo. ____ Year ____	_____	
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Job Title:			
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Dates Employed		Name and Address of Employer	Summary of Work Performed
From	Mo. ____ Year ____	_____	
To	Mo. ____ Year ____	_____	
Job Title:			
Supervisor:			
Reason for Leaving:			

SUMMARY OF EMPLOYMENT EXPERIENCE

_____ 1. Total Years Experience in Education (Teaching, Administrative, or Supervisory)
_____ 2. Total Years Experience in the Position Applied for
_____ 3. Total Years Experience in Business, Industry, Agriculture, or Military Service Related to Your Area of Specialization
May we contact your present employer for references?    _____yes    _____ No

TEACHER CERTIFICATION AND LICENSING

Do you presently hold any type of teaching or administrative certification in Oklahoma? ( ) yes ( ) no

If yes, list the type, number, and expiration date of certificate:

Type \_\_\_\_\_ No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type \_\_\_\_\_ No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

If you do not qualify for a Standard Teaching Certificate in Oklahoma, are you willing to work toward completion of the minimum requirements for your area of specialization? ( ) yes ( ) no

Are you licensed or certified by any trade or profession? ( ) yes ( ) no

If yes, list the type, number, and expiration date of certificate and attach a copy:

Note: Specific information regarding teaching certification may be obtained by writing to Vocational Teacher Certification, Oklahoma Department of Career and Technology Education, 1500 West Seventh, Stillwater, Oklahoma 74074. Phone: 405-377-2000.

