

EMPLOYMENT APPLICATION



SPORTING CHANCE
CENTER

Print this form, complete and sign it, and return it via email to info@sacstucson.org or via FAX to 520-798-2438

Today's Date _____

APPLICANT INFORMATION					
Last		First		M.I.	Birth Date / /
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Date Available		Social Security No.			
Position Applied for <input type="checkbox"/> Any <input type="checkbox"/> Specific Position (describe)					
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain					
EDUCATION					
High School		City, State			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		City, State			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		City, State			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
REFERENCES					
<i>Please list three professional or personal (non-family) references</i>					
Full Name			Relationship		
Company			Phone ()		
Email					
Full Name			Relationship		
Company			Phone ()		
Email					
Full Name			Relationship		
Company			Phone ()		
Email					

PREVIOUS EMPLOYMENT (PLEASE LIST MOST RECENT FIRST)

Company #1		Phone ()
City, State		Supervisor
Your Job Title		Ending Pay Rate \$
Responsibilities		
From	To	Reason for Leaving
May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company #2		Phone ()
City, State		Supervisor
Your Job Title		Ending Pay Rate \$
Responsibilities		
From	To	Reason for Leaving
May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company #3		Phone ()
City, State		Supervisor
Your Job Title		Ending Pay Rate \$
Responsibilities		
From	To	Reason for Leaving
May we contact this employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

CERTIFICATION, CONSENT AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I consent to background checks and other investigations in connection with this application.

Signature

Date