

APPLICATION FOR EMPLOYMENT



AN EQUAL OPPORTUNITY
AFFIRMATIVE ACTION EMPLOYER

1507 S. McKenna

Box 359

Poteau, OK 74953

www.carlalbert.edu

Position Applying For: _____

Expected Salary or
rate of pay:

Date of Application: _____

\$ _____

PERSONAL INFORMATION

NAME:	Last	First	Middle	EMAIL ADDRESS
Current ADDRESS:	Number & Street	City	State	Zip
Social Security No.:	Telephone No.:		Home	Alternate
ARE YOU LEGALLY ENTITLED TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No				
HAVE YOU EVER RECEIVED A DEFERRED SENTENCE, PLED GUILTY or NO CONTEST, OR BEEN CONVICTED OF A FELONY? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the offense and the state in which it occurred, and the year:				
ARE YOU OR HAVE YOU BEEN A REGISTERED SEX OFFENDER? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you worked for CASC before: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: From: _____ To: _____	Position Held: _____		Reason for Leaving: _____
List all relatives employed by Carl Albert State College:	Name: _____	Relationship: _____		
	Name: _____	Relationship: _____		
	Name: _____	Relationship: _____		

EDUCATION

Please list most recent first	School Name/City & State	From		To		Fields of Study	Hours Completed	Certificates or Degrees
		Mo	Yr	Mo	Yr			
College or University								
College or University								
College or University								
Business or Technical								
High School						Graduate: Yes <input type="checkbox"/> No <input type="checkbox"/> GED <input type="checkbox"/>		

Are you fluent in any language other than English? Speak Read Write List: _____

You must submit your accurate college transcript to the Human Resources Department before your application can be considered.

Clery Act Report Available for viewing at: <http://www.carlalbert.edu/cleryreport.pdf>

HR Use Only – Documents Received:

<input type="checkbox"/> Cover Letter	<input type="checkbox"/> Complete Application	<input type="checkbox"/> Resume	<input type="checkbox"/> Transcripts	<input type="checkbox"/> Ltrs of Rec/Ref Ckd	<input type="checkbox"/> Response Letter Sent
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EMPLOYMENT HISTORY

Have you ever been fired or asked to leave a job? Yes No

You must list every employer you have worked for in the past. Begin with the most current.

Company Name:	Dates Worked From: To:	Reason for Leaving:
Address, City, State, Zip:		
Phone #:	Duties / Responsibilities:	
Name of Supervisor:		
Company Name:	Dates Worked From: To:	Reason for Leaving:
Address, City, State, Zip:		
Phone #:	Duties / Responsibilities:	
Name of Supervisor:		
Company Name:	Dates Worked From: To:	Reason for Leaving:
Address, City, State, Zip:		
Phone #:	Duties / Responsibilities:	
Name of Supervisor:		
Company Name:	Dates Worked From: To:	Reason for Leaving:
Address, City, State, Zip:		
Phone #:	Duties / Responsibilities:	
Name of Supervisor:		
Company Name:	Dates Worked From: To:	Reason for Leaving:
Address, City, State, Zip:		
Phone #:	Duties/Responsibilities:	
Name of Supervisor:		

Check here if you were unable to list all employers due to lack of space.

REFERENCES

Name:	Years Known:	Relationship and Title:	
Company:			
Work Address : City:	State:	Home Phone:	Work Phone:
Name:	Years Known:	Relationship and Title:	
Company:			
Work Address : City:	State:	Home Phone:	Work Phone:
Name:	Years Known:	Relationship and Title:	
Company:			
Work Address : City:	State:	Home Phone:	Work Phone:

APPLICANT MAY SUBMIT OTHER RELEVANT INFORMATION HERE

APPLICANT'S CERTIFICATION

Applicant Must Read and Sign

Carl Albert State College is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, national origin, individual disability or veteran status.

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with Carl Albert State College, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job.

I understand that misrepresentation or omission of information or facts may result in my rejection or dismissal at any point during the application process or after employment. I also understand that unless this application packet is completed in detail, it will not be considered. Submitted resumes will become part of the application and must be true, accurate, and complete.

If hired, I agree to abide by all the rules and policies of the College and the State of Oklahoma.

I understand that if I am employed by Carl Albert State College in a position where I will be driving a College vehicle, any offer of employment that I receive will be contingent on the College verifying that I have an acceptable driving record and a valid Oklahoma Driver's License.

I understand that if I am hired I will be required to produce proof that I have a legal right to work in the U.S.A. in accordance with the Immigration Reform and Control Act of 1986.

I also understand that if I am hired for a position, **I am hired as an employee-at-will**, unless a written contract has been signed by the President of CASC and approved by the CASC Board of Regents.

I certify that I can perform the job applied for either with or without a reasonable accommodation. I understand that the College would appreciate as much advance notice as possible regarding requests for accommodation, and that documentation of the need for accommodation may be required.

This certifies that this application was completed by me, and that all entries on it and information in it are true, accurate, and complete to the best of my knowledge.

By checking this box, I am agreeing and certifying to the above.

Print Name _____

Signature _____

Date _____

HUMAN RESOURCE USE ONLY

Past Employment Verified: Yes No Date: _____ Initials: _____

Applicant Interviewed: Yes No Date: _____ Position interviewed for: _____

Date Background Check Completed: _____ Cleared: Yes No Initials: _____

EQUAL EMPLOYMENT OPPORTUNITY

INFORMATION REQUEST (Optional)

(NOT REQUIRED FOR COMPLETION OF THE APPLICATION PROCESS)

Carl Albert State College is an equal opportunity employer. The following information is being requested from you for statistical purposes to assist the College in monitoring its Affirmative Action plan. This information will be considered confidential and will not be used in hiring decisions. It will be filed separately from your application.

Position Applied for: _____

How did you learn of this position? _____

Gender: Male Female

ETHNIC DATA

- White** (Not of Hispanic origin) - Persons having origins in any of the original peoples of – Europe, North Africa, or the Middle East.
- Black** (Not of Hispanic origin) - Persons having origins in any of the Black racial groups in Africa.
- Hispanic** - Persons of Mexican, Puerto Rican, Cuban, South American or any other Spanish Culture or origin, regardless of race.
- American Indian or Alaskan native**-Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- Asian or Pacific Islander**-Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.

VETERAN STATUS

- Yes No Did you serve on active duty for a period of more than 180 days and/or were discharged or released because of a service connected disability, any part of which occurred after August 5, 1964, and before May 7, 1975?
- Yes No Are you entitled to compensation under the laws administered by the U.S. Veterans Administration for a disability rated at 30 percent or more?
- Yes No Were you discharged or released from active duty in the military service of the United States because of a disability incurred or aggravated in the line of duty?

Name: _____ Date: _____
(Please print)

Signature: _____ Birth Date: _____