

High Plains Technology Center is an EQUAL OPPORTUNITY EMPLOYER and does not discriminate against any person on the basis of gender, race, religion, age, national origin, qualified disability or veteran in the operation of its educational programs, activities, recruitment, admissions, or employment practices.

(PLEASE PRINT)

Position(s) Applied For				Da	te of A	Application	
How Did You Learn About The Positi	on:						
□ Advertisement	□ Friend		Walk-In				
□ Employment Agency	□ Relative		Other				
Last Name	First Name]	Middle	Name	
Address	City		State			Zip Code	
Telephone Number(s)			Social Sec	curit	y Num	ıber	
					I	I	
If you are under 18 years of age, can you	a provide required proof o	f your eligi	bility ?		Yes		No
Have you ever filed an application with	us before?				Yes		No
		If yes	s, give date	:			
Have you ever been employed with us b	efore?				Yes		No
Are you currently employed?					Yes		No
May we contact your present employer?					Yes		No
Are you prevented from lawfully becom	ing employed in this coun	try because	e of Visa or	Im	nigrati	on status?	
Proof of Citizenship or immigration status will be	required upon employment.				Yes		No
On what date would you be available for	r work?						
Are you available to work: \Box F	ull Time 🛛 Part T	ime	□ Shift V	Wor	k	🗆 Tem	porary
Are you currently on "lay-off" status and	d subject to recall?				Yes		No
Can you travel if the job requires it?					Yes		No
Have you been convicted of a felony or a Conviction will not necessarily disqualify an appli		last seven	years?		Yes		No

EDUCATION

	Eler	mentary	7 Schoo)l	High	n Schoo	ol		Coll	ergradu ege/Un ational-	iversit	y nical	Grad	luate/P	Professio	onal
School Name & Location																
Years Completed	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																
Describe Course of Study					<u>.</u>								<u>.</u>			
Describe any specialized training, apprenticeship, skills & extra-curricular activities																
Describe any honors you have received																
State any additional information you feel may be helpful to us in considering your application																

REFERENCES

Give nar	ne, address & telephone number of three references that are not related to you and are not previous employers.
1.	
2.	
3	
5.	

Have you ever had any job-related training in the United States Military?	Yes	No
If yes, please describe		

Are you physically or otherwise unable to perform the duties of the job for which you are applying? i Yes i No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer	Length of Service	Work Performed
Address	Start Date	
	End Date	
Telephone Number(s)	Starting Pay:	
	Ending Pay:	
Job Title	Supervisor	
Reason for Leaving		

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	End Date	
Telephone Number(s)	Starting Pay:	
	Ending Pay:	
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Address	Start Date	
	End Date	
	2.1.4 2 4.44	
Telephone Number(s)	Starting Pay:	
relephone rumber(s)	Starting Lay.	
	Ending Down	
	Ending Pay:	
	a :	
Job Title	Supervisor	
Reason for Leaving		
Reason for Leaving		

If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS & QUALIFICATIONS Summarize special job-related skills and qualifications acquired from employment or other experience.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

The applicant understands that neither this document nor any offer of employment from the employer constitute an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

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

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview? Yes	No
Remarks:	
Interviewer	Date
Offered Employment? Yes	No
Employment Date:	Job Title:
Department:	Pay Rate:
Approved By:	
Name & Title	Date
TES:	