



# Application for Employment

An Equal Opportunity Employer and Educator

E-mail: [resumes@sowela.edu](mailto:resumes@sowela.edu)

Web: [www.Sowela.edu](http://www.Sowela.edu)

**Instructions:** This application must be filled out completely, **typed** or **printed in ink**, and **signed** to be considered. Corrected or extended recruitment announcements will be posted in the HR department and listed on our job line. **All documents submitted as a part of your application package become the property of the college and will not be returned.** Applicants with disabilities who require assistance with the recruitment process will be accommodated to the extent reasonably possible.

**Position Title** \_\_\_\_\_

**Select one:**     Full-Time    Part-Time

## Personal Data

Name (Last, First, Middle Initial)		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		If not a U.S. citizen, are you eligible for lawful employment in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City, State, Zip Code		(Note: Proof of identity, citizenship or legal right to work in the U.S. will be required upon hiring.)	
Home Phone	Business Phone	Cell or Message Phone	Email
List other names under which you have attended school, been employed, or known by:			
Have you been convicted of a felony or released from prison within the last 10 years? If yes, list all convictions. (Note: A conviction will not necessarily disqualify you for employment.)			

**SOWELA Technical Community College complies with all applicable federal and state laws designed to promote equal employment opportunity. The college encourages all qualified applicants to apply.**

## Employment Record

List present or most recent experience first. Explain any breaks in your employment history in the appropriate order; use the "Duties" space for your explanation. Make copies of page 2 as needed for listing additional experience.

**You must complete the employment record section. Statements such as "See Resume or See VITA" do not substitute for completing any portion of the application.**

Employer Name		Position Title	
City, State		Dates of Employment (Mo./Yr – Mo./Yr.)	
Supervisor	Supervisor's Telephone (    )	Salary or Wage Rate	Hours worked per week?
Duties: _____ _____ _____			
Reason for leaving:			

**Employment Record** – Continue with next most recent experience. Make copies of this page as needed for listing additional experience.

Employer Name		Position Title	
City, State		Dates of Employment (Mo./Yr – Mo./Yr.)	
Supervisor	Supervisor's Telephone (     )	Salary or Wage Rate	Hours worked per week?
Duties:			
Reason for leaving:			

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City, State		Dates of Employment (Mo./Yr – Mo./Yr.)	
Supervisor	Supervisor's Telephone (     )	Salary or Wage Rate	Hours worked per week?
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Employer Name		Position Title	
City, State		Dates of Employment (Mo./Yr – Mo./Yr.)	
Supervisor	Supervisor's Telephone (     )	Salary or Wage Rate	Hours worked per week?
Duties:			
Reason for leaving:			

**Education**

*If hired, original transcripts with institution seal must be submitted directly to Sowela Technical Community College. Transcripts issued to "Student" or applicant will not be accepted.*

Have you graduated high school or received a GED or equivalency certificate?     Yes     No

Name of School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Type of School	Name of School/Location	From: Mo/Yr	To: Mo/Yr	Total Credits Completed*		Degree or Diploma	Major
				Quarter	Semester		
College or University (Undergraduate)							
College or University (Graduate)							
Technical, business or other school							

\*Indicate whether semester (S) or quarter (Q) credits

**Training** – Seminars, workshops, etc. (Including dates and length of training. You may attach an additional sheet if necessary.)


**Licenses and Certificates** – List all of your professional licenses, permits, and certificates.

License: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Skills** – Indicate the type, system or software package appropriate to each section below and include your level of proficiency i.e., beginning, intermediate, or advanced level user.

Keyboarding/Typing Speed	Graphic Design Software & Proficiency Level
Word Processing Software & Proficiency Level	Web Design Software & Proficiency Level
Desktop Publishing Software & Proficiency Level	Database Software & Proficiency Level
Presentation Software & Proficiency Level	Spreadsheet Software & Proficiency Level

**Professional References** – Include those work colleagues who have first hand knowledge of your skills and abilities.  
**(DO NOT INCLUDE PERSONAL FRIENDS OR RELATIVES.)**

Name	Telephone Number (    )
Official Position & Employer	

Name	Telephone Number (    )
Official Position & Employer	

Name	Telephone Number (    )
Official Position & Employer	

Name	Telephone Number (    )
Official Position & Employer	

**Applicant's Certification and Agreement**

**Please read carefully before signing**

All material received through the application process becomes the property of Sowela Technical Community College (herein listed as Sowela) and will not be returned. I understand and agree that any relevant and material misrepresentation made on this application (including resume) will justify immediate dismissal if hired. I understand that this application is not a contract for employment. I agree that upon separation, I will return to Sowela any property issued and/or owned by the College, or will allow the value of same to be deducted from my wages.

**I hereby consent to and authorize any of my current or former employers to furnish any and all information concerning my employment record.** In addition, I consent to and authorize the educational institutions that I attended to furnish any and all information concerning my educational background. I release all parties connected with any request for information from all claims, liability, and damages for whatever reason arising out of furnishing this information. If employed, I release Sowela from any liability for future references it may provide regarding my work history at the College. I acknowledge that I have read, understand and consent to this authorization. **A photocopy of this release shall have the same effect as the original.**

If I am employed, I understand that employment will be on a conditional basis pending completion of the background check. I understand that should investigation disclose misrepresentation, falsification or omission, such misrepresentation, falsification or omission would constitute grounds for rejection of my application or immediate dismissal from employment.

Additionally, I understand that if my materials have been submitted via electronic format (email, fax, on-line, etc.), I will be required to provide an original signature at the time of an offer of employment. I further understand that by submission of any electronic materials I agree to the terms and conditions outlined in this document, and that the electronic submission is as valid as providing an original signature, subject to all terms and conditions as set forth in these documents.

In consideration of employment, I agree to abide by the rules and regulations of Sowela and the State of Louisiana and applicable federal law. I understand that no manager, supervisor, representative, or agent of Sowela, other than the president of the college or his/her designee, has the authority to enter into any agreement with me for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature	Date
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