

Application For Employment

Northwest Technology Center
Human Resources Office
1801 11th Street
Alva, OK 73717
(580) 327-0344
applications@nwtech.edu

EQUAL EMPLOYMENT OPPORTUNITY POLICY

Northwest Technology Center considers all qualified applicants for each position and does not discriminate with regard to race, color, sex, pregnancy, gender, gender expression or identity, national origin, religion, disability, marital or veteran status, sexual orientation, age, or genetic information in its programs, services, activities, and employment. Contact Title IX/Section 504 Compliance Coordinators at 1801 11th St., Alva, OK (580) 327-0344 and at 801 Vo-Tech Dr., Fairview, OK (580) 227-3708.

(PLEASE PRINT OR TYPE)

Position(s) Applied for:	Date of Application:
When are you available for employment:	Acceptable Minimum Salary:
Referral Source <input type="checkbox"/> Advertisement <input type="checkbox"/> Agency	<input type="checkbox"/> Friend <input type="checkbox"/> Other (Please specify) _____ <input type="checkbox"/> Relative
Additional materials submitted with employment applications become property of Northwest Technology Center and will not be returned to applicants.	

PERSONAL DATA

Last Name:	First Name:	Middle:	Social Security Number:
Present Address:	City:	State:	Zip Code:
Permanent Address:	City:	State:	Zip Code:
Home Phone (including area code):		Business Phone (including area code):	
Email Address:			
Are you related to anyone who is currently employed at Northwest Technology Center? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide the following:			
Name:		Relationship: _____	
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____			
Are you available for work: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Shift Work: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any periods during the year when you will not be available for work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain:			
What is your Oklahoma Teacher Retirement System (OTRS) status?			
<input type="checkbox"/> Retired <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Non-Member			

PERSONAL DATA CONTINUED

Complete information requested for each level of education	School Name & Location City & State	Date Attended 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.

Dates Employed		Name and Address of Employer	Job Duties
From	Mo.	Name:	
	Yr.	Address:	
To	Mo.		
	Yr.	Phone:	
Job Title:		Ending Salary:	
Supervisor:			
Reason for Leaving:		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Dates Employed		Name and Address of Employer	Job Duties
From	Mo.	Name:	
	Yr.	Address:	
To	Mo.		
	Yr.	Phone:	
Job Title:		Ending Salary:	
Supervisor:			
Reason for Leaving:		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
Dates Employed		Name and Address of Employer	Job Duties
From	Mo.	Name:	
	Yr.	Address:	
To	Mo.		
	Yr.	Phone:	
Job Title:		Ending Salary:	
Supervisor:			
Reason for Leaving:		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	

EMPLOYMENT EXPERIENCE CONTINUED

Dates Employed		Name and Address of Employer	Job Duties
From	Mo.	Name:	
	Yr.	Address:	
To	Mo.		
	Yr.	Phone:	
Job Title:		Ending Salary:	
Supervisor:			
Reason for Leaving:			
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Dates Employed		Name and Address of Employer	Job Duties
From	Mo.	Name:	
	Yr.	Address:	
To	Mo.		
	Yr.	Phone:	
Job Title:		Ending Salary:	
Supervisor:			
Reason for Leaving:			
			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

TEACHER CERTIFICATION AND LICENSING

Do you presently hold any type of teaching or administrative certification in Oklahoma? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, list type, number, and expiration date of certificate:		
Type:	No.	Expiration Date:
Type:	No.	Expiration Date:
Type:	No.	Expiration Date:
Note: Specific information regarding teaching certification may be obtained by writing to Vocational Technical Certification, Oklahoma Department of Career and Technology Education, 1500 West Seventh Avenue, Stillwater, OK 74074, or by telephone (405) 377-2000.		

TRADE CERTIFICATION AND LICENSING

Are you licensed or certified by any trade or profession? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, indicate kind of license or certificate:	

GENERAL INFORMATION

List any professional activities, skills such as typing, word processing, machine operation, special training, etc., or other information that is pertinent to this application and the position applied for. Please continue on separate sheet of paper if you need additional space.

REFERENCES

Persons listed must be able to provide information related to performance on the job.

Name:	Phone:
Address:	E-mail:
City:	
State:	Zip:

Name:	Phone:
Address:	E-mail:
City:	
State:	Zip:

Name:	Phone:
Address:	E-mail:
City:	
State:	Zip:

Name:	Phone:
Address:	E-mail:
City:	
State:	Zip:

AGREEMENT

I certify that answers given herein are true and complete. False or misleading information given in my application or interview(s) will result in my not being hired and may result in discharge at anytime. I authorize you to refer to any current or former employers or others to verify statements made. Failure to complete this application in full will result in disqualification of my application.

Legal Signature of Applicant
(Please type name to indicate agreement if
submitting via e-mail)

Date

FOR USE BY ADMINISTRATIVE PERSONNEL ONLY

Position: _____	Interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Interviewer: _____	Date: _____ Time: _____

Position: _____	Interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Interviewer: _____	Date: _____ Time: _____

Position: _____	Interviewed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Interviewer: _____	Date: _____ Time: _____

Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: _____
Effective Date: _____	Salary: _____

Signature	Position	Date
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