



# PART-TIME JOB APPLICATION PROFESSIONAL APPLICATION FORM

Southeast Technical College  
2320 North Career Avenue  
Sioux Falls, SD 57107  
**Phone:** 605-367-8355  
**Fax:** 605-367-4372  
**TDD:** 605-367-4374

## General Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Desired salary: \_\_\_\_\_

Are you applying for: Temporary part-time work such as summer or holiday work?  Yes  No  
Regular part-time work?  Yes  No

What days and hours are you available for work? \_\_\_\_\_

Date available to start: \_\_\_\_\_

Can you work on the weekends?  Yes  No Can you work evenings?  Yes  No

Have you ever applied to/worked for Southeast Technical College before?  Yes  No

If yes, please explain (include dates) \_\_\_\_\_

Are you over the age of 18?  Yes  No If under 18, do you have working papers?  Yes  No

## Academic History

### High School

High School Name	Address

### College and Universities - List most recent first

College Name	Address <i>Address, City, State, Zip Code</i>	Dates Attended <i>From-To</i>	Degree	Minors(s)

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### Employment History

Employer	Address <i>Address, City, State, Zip Code</i>	Dates Employed <i>From-To</i>	Job Title	Salary <i>Start &amp; End</i>

<b>Supervisor Name</b>	<b>Full or Part Time</b>
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

**Work Performed/Skills Used:**

**Reason for Leaving:**

## Employment History (continued)

<b>Employer</b>	<b>Address</b> <i>Address, City, State, Zip Code</i>	<b>Dates Employed</b> <i>From-To</i>	<b>Job Title</b>	<b>Salary</b> <i>Start &amp; End</i>
<b>Supervisor Name</b>		<b>Full or Part Time</b>		
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
<b>Work Performed/Skills Used:</b>				
<b>Reason for Leaving:</b>				

<b>Employer</b>	<b>Address</b> <i>Address, City, State, Zip Code</i>	<b>Dates Employed</b> <i>From-To</i>	<b>Job Title</b>	<b>Salary</b> <i>Start &amp; End</i>
<b>Supervisor Name</b>		<b>Full or Part Time</b>		
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
<b>Work Performed/Skills Used:</b>				
<b>Reason for Leaving:</b>				

<b>Employer</b>	<b>Address</b> <i>Address, City, State, Zip Code</i>	<b>Dates Employed</b> <i>From-To</i>	<b>Job Title</b>	<b>Salary</b> <i>Start &amp; End</i>
<b>Supervisor Name</b>		<b>Full or Part Time</b>		
		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		
<b>Work Performed/Skills Used:</b>				
<b>Reason for Leaving:</b>				

## References

These references should be from individuals who are or have been familiar with your professional work, and who are qualified to answer questions concerning this application. Include at least one supervisor who has evaluated you.

Name	Phone Number	Current Position	Years Known	Relationship to Applicant

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## Veterans' Preference

Check this box if you wish to claim veterans' preference. To receive veteran's preference, you must meet the requirements of state law and you must attach your DD214 (separation papers). State law requires residency in South Dakota to be eligible for veterans' preference.

Place of residency if different from mailing address:

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City

State

ZIP Code

The Sioux Falls School District is an equal opportunity employer providing opportunities for employment without regard to race, color, creed, religion, age, gender, disability, national origin or ancestry. Inquiries concerning the application of Title IX, Section 504 or Title VI, or the Americans with Disabilities Act of 1992 may be referred to the Assistant Superintendent-Human Resources/Administrative Services at 201 East 38th Street, Sioux Falls, SD 57105-5898, (PH: 605-367-7816, TDD: 605-367-7948), or to the U.S. Department of Education, Office for Civil Rights, 10220 North Executive Hills Blvd., Kansas City, MO 64153-1367, (PH: 816-880-4202; TDD: 816-891-0582; FAX: 816-891-0644).

## Authorization

I authorize the Sioux Falls School District to make any investigation of any personal, educational, vocational, or employment history. I further authorize any current or former employer, person, firm, corporation, educational or vocational institution or government agency to provide the Sioux Falls School District with information they have regarding me. I hereby release and discharge the Sioux Falls School District and those who provide information from any and all liability as a result of furnishing and receiving this information. I further agree that falsification of any part of this application, including any accompanying inserts, shall be sufficient cause for dismissal. References and personal information which become a part of this application will be regarded as confidential and shall not be revealed to me. Further, I understand the Sioux Falls School District is drug free/smoke free/tobacco free and that any offer of employment is conditional based upon a completed criminal background check.

Signature \_\_\_\_\_ Date \_\_\_\_\_