



# EMPLOYMENT APPLICATION

PO Box 340  
 7210 NW 39th Expressway  
 Bethany, OK 73008  
 405.789.7661 Phone  
 405.495.0078 Fax  
 www.swcu.edu

## PERSONAL INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
 SOCIAL SECURITY NUMBER \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

PERMANENT ADDRESS \_\_\_\_\_

PHONE NO. \_\_\_\_\_ ARE YOU 18 YEARS OR OLDER Yes  No

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED  
 IN THE COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes  \_\_\_\_\_ No  \_\_\_\_\_

## EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS INSTITUTION BEFORE? \_\_\_\_\_ WHEN? \_\_\_\_\_

## REFERRED BY

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDANCE SCHOOL				

## GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK \_\_\_\_\_

\_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

ACTIVITIES (CIVIC, ATHLETIC, ETC.) \_\_\_\_\_

U.S. MILITARY OR NAVAL SERVICE \_\_\_\_\_ RANK \_\_\_\_\_ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES \_\_\_\_\_

This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

**AN EQUAL OPPORTUNITY EMPLOYER  
 IN ACCORDANCE WITH THE CIVIL RIGHTS ACT OF 1964**

**FORMER EMPLOYERS** (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST.)

DATE MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE THE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

**REFERENCES** (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF  
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. BY SIGNING BELOW I GIVE PERMISSION FOR THE INSTITUTION TO DO ALL NECESSARY BACKGROUND CHECKS THAT THEY NEED IN CONSIDERATION OF THIS APPLICATION.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE INSTITUTION'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE INSTITUTION'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE INSTITUTION. I UNDERSTAND THAT NO INSTITUTION REPRESENTATIVE, OTHER THAN THE PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE AN AGREEMENT CONTRARY TO THE FOREGOING."

DATE

SIGNATURE

**DO NOT WRITE BELOW THIS LINE**

INTERVIEWED BY

DATE

REMARKS

NEATNESS

ABILITY

HIRED: YES  NO 

POSITION

DEPARTMENT

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED

1.

2.

3.

SUPERVISOR

ADMINISTRATIVE HEAD

CONTROLLER



# EMPLOYMENT APPLICATION SKILLS PROFILE

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NAME \_\_\_\_\_

DATE \_\_\_\_\_

Please complete this profile as accurately as possible. Contact the Human Resources Office for assistance.

### SKILLS

TYPING WPM \_\_\_\_\_ STENO WPM \_\_\_\_\_

BRIEFLY DESCRIBE YOUR EXPERTISE AND EXPERIENCE IN:

FILING \_\_\_\_\_

ACCOUNTING/BOOKKEEPING \_\_\_\_\_

COMPOSITION, GRAMMAR AND LETTER CONSTRUCTION SKILLS \_\_\_\_\_

BULK MAILING \_\_\_\_\_

TEAM PROJECTS \_\_\_\_\_

PURCHASING \_\_\_\_\_

PLEASE INDICATE YOUR LEVEL OF COMPETENCE/FAMILIARITY IN THE FOLLOWING AREAS ON A SCALE OF 0-5. (0=NONE; 5= FULLY COMPETENT)

### EQUIPMENT

\_\_\_\_ ADDING MACHINE/CALCULATOR

\_\_\_\_ PHOTOCOPIERS

\_\_\_\_ TELEPHONE/SWITCHBOARD

\_\_\_\_ DICTATION SYSTEMS

\_\_\_\_ POSTAGE/MAILING

\_\_\_\_ FACSIMILE (FAX)

\_\_\_\_ BINDING MACHINES

### COMPUTER SKILLS

\_\_\_\_ DATA ENTRY

\_\_\_\_ DATABASE MANAGEMENT

\_\_\_\_ DESKTOP PUBLISHING

\_\_\_\_ PROGRAMMING

\_\_\_\_ GRAPHIC DESIGN

\_\_\_\_ WEBSITE DEVELOPMENT

### SOFTWARE

\_\_\_\_ WINDOWS XP PRO

\_\_\_\_ MS WORD

\_\_\_\_ MS POWERPOINT

\_\_\_\_ COREL DRAW

\_\_\_\_ MAC OS

\_\_\_\_ MS EXCEL

\_\_\_\_ QUARK XPRESS

\_\_\_\_ GROUPWISE

\_\_\_\_ MS ACCESS

\_\_\_\_ PHOTOSHOP

PLEASE LIST BY NAME AND TYPE (I.E., WORD PROCESSING , DESKTOP PUBLISHING, GRAPHICS, DATABASE, ETC.) ANY OTHER SOFTWARE WITH WHICH YOU ARE FAMILIAR.

NAME \_\_\_\_\_ TYPE \_\_\_\_\_

NAME \_\_\_\_\_ TYPE \_\_\_\_\_

NAME \_\_\_\_\_ TYPE \_\_\_\_\_

NAME \_\_\_\_\_ TYPE \_\_\_\_\_

SEMINARS/TRAINING PROGRAMS: LIST AND BRIEFLY DESCRIBE ANY SPECIALIZED TRAINING YOU HAVE RECEIVED

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MANAGEMENT: RATE YOUR OFFICE MANAGEMENT SKILLS ON THE 0-5 SCALE. \_\_\_\_\_  
DESCRIBE YOUR EXPERIENCE

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OTHER SPECIAL SKILLS: LIST ANY OTHER SPECIAL SKILLS YOU HAVE.

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*Applicant please note and sign after completing all application forms:*

*I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon SCU unless made in writing.*

SIGNATURE

DATE