

POSITION INFORMATION

Position Title (as applied for)

Date of Application

How did you learn about this position?

☐ SCPPA Website

☐ GovernmentJobs.com

☐ Referral

☐ Job Board

☐ Other

APPLICANT INFORMATION

First Name

Middle Initial

Last Name

Address

Apartment/Unit #

City

State

ZIP Code

Phone Number

Email Address

WORK ELIGIBILITY & AVAILABILITY

Are you legally authorized to work in the United States?

☐ Yes

☐ No

Will you now or in the future require employment sponsorship?

☐ Yes

☐ No

If the position requires driving, can you meet the job-related driving requirements?

☐ Yes

☐ No

EDUCATION

School Name	Location (City, State)	Degree/Certificate	Major/Field of Study	Date Completed
High School				
College/University				
Graduate School				
Other				

LICENSES, CERTIFICATIONS & PROFESSIONAL REGISTRATIONS

License/Certification	Issuing Agency	License Number	Expiration Date

EMPLOYMENT HISTORY

List your most recent employment first. Include relevant paid, volunteer, military, or self-employment experience.

Employer 1

Company Name

Employment Dates (From - To)

Job Title

Supervisor Name and Title

Phone Number

Address (City, State)

Key Responsibilities

Employer 2

Company Name

Employment Dates (From - To)

Job Title

Supervisor Name and Title

Phone Number

Address (City, State)

Key Responsibilities

EMPLOYMENT HISTORY (continued)

Employer 3

Company Name

Employment Dates (From - To)

Job Title

Supervisor Name and Title

Phone Number

Address (City, State)

Key Responsibilities

JOB-RELATED SKILLS

Describe software, technical, administrative, language, or other job-related skills.

LANGUAGES

List languages you speak, read, or write (other than English) and your proficiency level.

Language	Proficiency (Basic, Conversational, Fluent)

PROFESSIONAL REFERENCES

Provide three professional references (not relatives).

Reference 1

Name	Title

Company	Phone Number

Email Address

Reference 2

Name	Title

Company	Phone Number

Email Address

Reference 3

Name	Title

Company	Phone Number

Email Address

ADDITIONAL INFORMATION

Is there anything else you would like us to know about your qualifications for this position?

APPLICANT CERTIFICATION

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission of information may result in disqualification from consideration or, if employed, termination of employment.

I authorize SCPPA to verify information contained in this application, including contacting previous employers, educational institutions, and references. I understand that this application does not constitute an offer or guarantee of employment.

I understand that employment with SCPPA is at-will, which means that either I or SCPPA may terminate the employment relationship at any time, with or without cause or notice, unless otherwise provided by law.

Signature (type name if submitting electronically)

Date

Thank you for your interest in SCPPA!

We are an equal opportunity employer.