

SCTA/RCPA EMPLOYMENT APPLICATION

Applicant
Name:

Position You are
Applying for:

DEMOGRAPHIC INFORMATION

Mailing Address:

If you are submitting a paper application, you will automatically receive all communications related to this position through the US Mail.

City, State, Zip:

Do you have a valid Driver's
License? YES NO
Driver's License Number:

State:

Day Phone:

Are you able to provide proof of your eligibility to
be employed in the US? YES NO

Alternate Phone:

Email Address:

EDUCATION: *If you need more space, please attach a continuation sheet.*

List below any education beyond high school:

Name & Location of College/Graduate/ Business or Trade school	Study or Major	Degree Received

WORK EXPERIENCE: *If you need more space, please attach a continuation sheet.*

We require applicants to list all employers and positions held within the last ten years in your work history. You may include history beyond ten years if related to the position for which you are applying. If you held multiple positions for one employer, please list each position separately. Failure to comply with these instructions may reduce your ability to compete in our examination process or may result in disqualification.

DO NOT WRITE "SEE RESUME".

Month/Year to

Month/Year:

Name of Employer:

Web Address:

Street Address:

City, State Zip, Country:

Phone:

Duties:

Position Title:

Hours per week:

Name of Supervisor:

May we contact this employer? Yes No

Reason for Leaving:

Month/Year to
Month/Year:
Name of Employer:
Web Address:
Street Address:
City, State Zip, Country:
Phone:
Duties:

Position Title:

Hours per week:
Name of Supervisor:
May we contact this employer? Yes No

Reason for Leaving:

Month/Year to
Month/Year:
Name of Employer:
Web Address:
Street Address:
City, State Zip, Country:
Phone:
Duties:

Position Title:

Hours per week:
Name of Supervisor:
May we contact this employer? Yes No

Reason for Leaving:

Month/Year to
Month/Year:
Name of Employer:
Web Address:
Street Address:
City, State Zip, Country:
Phone:
Duties:

Position Title:

Hours per week:
Name of Supervisor:
May we contact this employer? Yes No

Reason for Leaving:

PROFESSIONAL REFERENCES:

Name: _____ Email: _____
Position: _____ Phone: _____
Address: _____
City, State, _____
Zip: _____

Name: _____ Email: _____
Position: _____ Phone: _____
Address: _____
City, State, _____
Zip: _____

Name: _____ Email: _____
Position: _____ Phone: _____
Address: _____
City, State, _____
Zip: _____

PRIVACY STATEMENT AND CERTIFICATION OF APPLICANT – PLEASE READ CAREFULLY BEFORE SIGNING

I understand that the information I provide on this form will be used to determine whether I meet the requirements for this examination only and may serve as the basis for arriving at my final rating. I also understand and agree that providing the requested information is voluntary and that omission or distortion of any item may result in my qualifications not receiving full consideration, may disqualify me from participating further in the examination process, or may result in my termination from employment.

Signature _____

Date _____

Have you...

- ✓ *Fully completed the employment application?*
- ✓ *Completed and attached your cover letter and resume?*
- ✓ *Completed and attached the supplemental questionnaire?*