



11665 N. Hwy 89  
Flagstaff, AZ 86004  
Phone: (928)526-5964  
Fax: (928)213-9809

[www.secondchancecenter.org](http://www.secondchancecenter.org)

## APPLICATION FOR EMPLOYMENT

### Personal Information

Name (Last, First) _____		Date _____	
Address _____	City _____	State _____	Zip Code _____
(_____) _____ - _____ (circle) hm wk cell (_____) _____ - _____ (circle) hm wk cell			
Phone _____			
Email address _____			

### Desired Employment

Position _____	Date You Can Start _____	Salary Desired _____
(Please circle your answer)		
Are you currently employed?	Yes      No	
May we contact your present employer?	Yes      No	
Have you ever applied to SCCA before?	Yes      No	If so, when? _____
Have you ever worked for SCCA before?	Yes      No	If so, when? _____
Who referred you to SCCA? (see below)	Yes      No	
Newspaper    Employment Agency    Friend    Walk-in    Website    Other _____		

### Availability

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TO	TO	TO	TO	TO	TO	TO
Additional comments regarding availability: _____						



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(continued)

### Education

Education Level	Name of School	Location	# Years Attended	Did you Graduate?	Subjects Studied
High School					
College					
Grad School					
Other (specify) _____					

### General Information

Subjects of special study or research: \_\_\_\_\_

Special Training or Expertise: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Activities (Civil, athletic, etc.): \_\_\_\_\_

### Professional References

*Please list 3 people as a professional reference.*

Name	Relationship	Contact Information
1)		
2)		
3)		



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(continued)

### **Employment History**

*Please list your last 4 employers, starting with the most recent.*

#### **Employer #1**

Name of company/employer		Starting Date	Leaving Date
Job Title/Position		Starting Salary	Ending Salary
		( )	-
Name of supervisor	Title	Phone #	
May we contact your supervisor? <b>Yes</b> <b>No</b>			
Description of duties: _____			
Reason for leaving: _____			

#### **Employer #2**

Name of company/employer		Starting Date	Leaving Date
Job Title/Position		Starting Salary	Ending Salary
		( )	-
Name of supervisor	Title	Phone #	
May we contact your supervisor? <b>Yes</b> <b>No</b>			
Description of duties: _____			
Reason for leaving: _____			



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## APPLICATION FOR EMPLOYMENT

(continued)

### Employer #3

Name of company/employer		Starting Date	Leaving Date
Job Title/Position		Starting Salary	Ending Salary
		( )	-
Name of supervisor	Title	Phone #	
May we contact your supervisor? <b>Yes</b> <b>No</b>			
Description of duties: _____			
Reason for leaving: _____			

### Employer #4

Name of company/employer		Starting Date	Leaving Date
Job Title/Position		Starting Salary	Ending Salary
		( )	-
Name of supervisor	Title	Phone #	
May we contact your supervisor? <b>Yes</b> <b>No</b>			
Description of duties: _____			
Reason for leaving: _____			



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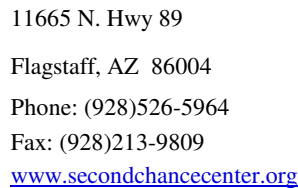
## APPLICATION FOR EMPLOYMENT

(continued)

### Skills Inventory

*Please check and explain those resources and skills that you can bring to SCC.  
Please attach a resume if you have one available.*

<b>Managerial</b>	<input type="checkbox"/> Supervisory/Mgmt <input type="checkbox"/> Scheduling <input type="checkbox"/> Team Work	<input type="checkbox"/> Employee Training <input type="checkbox"/> Hiring/Terminating <input type="checkbox"/> Other: _____
<b>Computer</b>	<input type="checkbox"/> Programming <input type="checkbox"/> HTML <input type="checkbox"/> Project Management <input type="checkbox"/> Graphics <input type="checkbox"/> Data Entry	<input type="checkbox"/> Word Processing <input type="checkbox"/> Desktop Publishing <input type="checkbox"/> Accounting Software <input type="checkbox"/> Windows <input type="checkbox"/> Other: _____
<b>Front Office</b>	<input type="checkbox"/> Telephone <input type="checkbox"/> Customer Service <input type="checkbox"/> Accounting	<input type="checkbox"/> Bulk Mailings <input type="checkbox"/> Typing: _____ WPM <input type="checkbox"/> Cash Exchange/Register <input type="checkbox"/> Other: _____
<b>Animal Contact</b>	<input type="checkbox"/> Walking <input type="checkbox"/> Vet Tech <input type="checkbox"/> Large Animals <input type="checkbox"/> Small Animals <input type="checkbox"/> Medical Training <input type="checkbox"/> Radiology	<input type="checkbox"/> Grooming <input type="checkbox"/> Training <input type="checkbox"/> Showing <input type="checkbox"/> RVT/AHT <input type="checkbox"/> Lab <input type="checkbox"/> Pharmacology <input type="checkbox"/> Other: _____
<b>Education</b>	<input type="checkbox"/> Classroom Instruction <input type="checkbox"/> Teaching Children <input type="checkbox"/> Special Education	<input type="checkbox"/> Lesson Plans <input type="checkbox"/> Teaching Adults <input type="checkbox"/> Other: _____
<b>Fundraising</b>	<input type="checkbox"/> Committee Support <input type="checkbox"/> Event Supporter	<input type="checkbox"/> Committee Chair <input type="checkbox"/> Public Relations <input type="checkbox"/> Other: _____



(continued)

SCCA provides equal employment opportunity for all applicants and employees. SCCA does not unlawfully discriminate on the basis of race, national origin, sex (including pregnancy and childbirth, or related medical conditions), color, religion, ancestry, age, physical or mental disability, legally-protected medical condition, family care status, veteran status, marital status, sexual orientation, or any other basis protected by state or federal laws.

Every complaint received by SCCA will be investigated thoroughly and promptly, and in a manner consistent with protecting confidentiality to the extent feasible in order to facilitate a full, fair, and thorough review of the facts giving rise to the complaint.

The information provided in this application is true, correct, and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

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

