



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

APPLICATION FOR EMPLOYMENT

Personal Information

Name (Last, First) _____		Date _____	
Address _____	City _____	State _____	Zip Code _____
Phone (_____) _____ - _____ (circle) hm wk cell		Phone (_____) _____ - _____ (circle) hm wk cell	
Age (if under 18) _____	Email address _____	Social Security # _____ - _____ - _____	

Desired Employment

Position _____	Date You Can Start _____	Salary Desired _____
<u>(Please circle your answer)</u>		
Are you currently employed?	Yes No	
May we contact your present employer?	Yes No	
Have you ever applied to SCC before?	Yes No	If so, when? _____
Have you ever worked for SCC before?	Yes No	If so, when? _____
Who referred you to SCC? (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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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.): _____

Personal References

Please list 3 people a personal reference (relatives not included).

Name	Relationship	Contact Information
1)		
2)		
3)		



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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? Yes No			
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? Yes No			
Description of duties: _____			
Reason for leaving: _____			



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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? Yes No						
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? Yes No						
Description of duties: _____						
Reason for leaving: _____						



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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.*

Managerial	<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: _____
Computer	<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: _____
Front Office	<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: _____
Animal Contact	<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: _____
Education	<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: _____
Fundraising	<input type="checkbox"/> Committee Support <input type="checkbox"/> Event Supporter	<input type="checkbox"/> Committee Chair <input type="checkbox"/> Public Relations <input type="checkbox"/> Other: _____