

Santa Cruz Training Programs, Inc.

P.O.Box 638
91 E. La Castellana Dr.
Nogales, AZ 85628 USA
Phone: (520) 287-2043 Fax (520) 287-4437
Email: sctpinc@sctpinc.com

“Supporting People with Disabilities in Their Community since 1968”

Employment Application

Personal Information

Name (Last)	(First)	(Middle)	Date of application (DD/MM/YYYY) / /	
Home Address	City	State	Zip	
Telephone Number	Daytime	Evening	May we contact you at work? __ Yes __ No	
Previous Address	City	State		
Are you 18 or older? __ Yes __ No (SCTP is required to comply with federal and state law) If you are under 18 years of age, please state your date of birth: _____				
Person to be contacted in case of an emergency:				
Name:		Home Phone:	Work Phone:	

Availability

Position applying for:					Date available to start:	/	/	
Interested in (Check all that apply): __ Full Time __ Part Time __ # of Hours __ Temporary __ Summer								
Rate of Pay you are expecting \$ _____								
List the days and hours you are available to work	Day	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.
	From							
	To							
How did you hear of a job at SCTP?								
Do you have a current driver's license?				Are you bilingual?				

Education

Type of School	Name and Address of School	Circle Years completed	Graduated Check one	Degrees Received
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade Business or other		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe any other training, education or skills you have, that may be benefit to the people we support:

Please explain briefly why you are seeking employment at Santa Cruz Training Programs, Inc. and describe the position you are most qualified to fill. _____

Legal

Have you ever been convicted of a crime other than a minor traffic violation? YES NO

Please explain the offense, when it occurred , where and disposition:

Are you a U.S. Citizen? YES NO

If no, do you have a legal right and necessary documents to work in the U.S.? YES NO

Identity and employment eligibility will be verified as required by the Immigration Reform and Control Act of 1986.

Please read carefully

I certified that all the information that I have provided in this application is true and complete. I recognize that any falsification, misrepresentation, or omission may result in immediate dismissal or refusal of application, including records of former employers, police department and any other records that may apply to a particular requirement of my job or of the job that I am applying for. I authorize the sources of information (and this Company) to release this information without liability and agree to hold them harmless for any damages that may be incurred by providing the information. I waived any written notice of the release of such records that may required by any state of federal law.

I also understand that I am employed at the will of the Company and that I have no contract that would in any way limit or restrict the Company’s ability to terminate the employment relationship. I understand that “at-will” employment means that both my employment and compensation can be terminated for any or no reason, with or without cause, and with and without notice at any time at the option of either the Company or me. I understand that receipt of this application and/or any other Company documents are not contracts of employment. I understand, also that I am required to abide by all the rules and regulations of the company. I understand that the Company as used in this application means the Santa Cruz Training Programs, Inc.

Signing this application I certify that I have read the application, specifically the section above, and would like to be considered for employment.

Signature

“We are an equal opportunity employer, we do not discriminate against race, color, religion, sex, national origin, age, disability, genetic information or sexual orientation. Retaliation against any person(s) for opposing any of the practices made unlawful by the EEO laws is prohibited.”

References

Business references: (Do not list relatives – people who know you well are the best references)

Name	Address	Home and Work Phone	Relationship	Years Known
1		()		
2		()		
3		()		

Employment History

List employment starting with your present or most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. Include non-paid/volunteer experience. May we contact your present employer? YES NO (Please indicate if you were employed under a different name. _____)

Past employers? YES NO

Dates	Name and Address of Employer	Position and Supervisor	List Major Duties
From: ____/____		Job Title	
To: ____/____		May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Reason for leaving: _____

From: ____/____		Job Title	
To: ____/____		May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Reason for leaving _____

From: ____/____		Job Title	
To: ____/____		May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Reason for leaving _____

From: ____/____		Job Title	
To: ____/____		May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Reason for leaving _____

Have you previously worked for an agency providing services for people with disabilities or in a day care center for children?

YES NO

Name _____ Location _____ State _____

Supervisor _____ Dates of Employment: From _____ to _____