



Indiana
State
Teachers
Association

150 West Market Street, Suite 900
Indianapolis, IN 46204-2875
(317) 263-3400
FAX (317) 655-3700

AN EQUAL OPPORTUNITY AFFIRMATIVE ACTION EMPLOYER

APPLICATION FOR SUPPORT STAFF POSITION

POSITION(S) APPLIED FOR: _____

DATE: _____

NAME OF APPLICANT: _____

Return Application to: Human Resources
Indiana State Teachers Association
150 West Market Street, Suite 900
Indianapolis, IN 46204-2875

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|--|-------|--------|---|
| LAST NAME | FIRST | MIDDLE | DATE |
| STREET ADDRESS | | | HOME PHONE () |
| CITY, STATE, ZIP | | | BUSINESS PHONE () |
| HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? <input type="checkbox"/> NO <input type="checkbox"/> YES / MONTH AND YEAR / LOCATION | | | SOCIAL SECURITY NUMBER |
| POSITION DESIRED | | | PAY EXPECTED |
| APART FROM ABSENCE FOR RELIGIOUS OBSERVANCE ARE YOU AVAILABLE FULL-TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO / WHAT HOURS CAN YOU WORK? | | | WILLING TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | WHEN WILL YOU BE AVAILABLE TO BEGIN WORK? |
| ARE YOU 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If not, employment is subject to verification of minimum legal age.)</i> | | | |
| HOW DID YOU LEARN OF OUR ORGANIZATION? | | | |

| SCHOOL | NAME AND LOCATION | COURSE OF STUDY | NO. OF YEARS | DID YOU GRADUATE? | DEGREE OR DIPLOMA |
|------------|-------------------|-----------------|--------------|-------------------|-------------------|
| COLLEGE | | | | YES NO | |
| HIGH | | | | YES NO | |
| ELEMENTARY | | | | YES NO | |
| OTHER | | | | YES NO | |

DO YOU CURRENTLY ATTEND SCHOOL? _____ WHERE? _____

DO YOU PLAN TO CONTINUE YOUR EDUCATION? _____

| CHECK APPLICABLE SKILLS | | | | | |
|-------------------------|-----|------------------|-----------------|--|--|
| TYPING: | WPM | DICTAPHONE | MICROSOFT WORD | | |
| SHORTHAND: | WPM | SWITCHBOARD | MICROSOFT EXCEL | | |
| IBM PC | | COLLATOR | POWERPOINT | | |
| COPY MACHINE | | DRILL PUNCH | | | |
| CALCULATOR | | AUTOMATIC CUTTER | | | |
| | | | | | |

Please list accurate information about current and previous employers in order with LAST EMPLOYER FIRST. Account for last ten years or years worked if less than ten years.

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|--|---|
| COMPANY NAME | TELEPHONE () |
| ADDRESS | EMPLOYED (STATE, MONTH, YEAR) |
| NAME OF SUPERVISOR | FROM TO |
| STATE JOB TITLE AND DESCRIBE YOUR WORK | WEEKLY PAY START LAST |
| | REASON FOR LEAVING |
| COMPANY NAME | TELEPHONE () |
| ADDRESS | EMPLOYED (STATE, MONTH, YEAR) |
| NAME OF SUPERVISOR | FROM TO |
| STATE JOB TITLE AND DESCRIBE YOUR WORK | WEEKLY PAY START LAST |
| | REASON FOR LEAVING |
| COMPANY NAME | TELEPHONE () |
| ADDRESS | EMPLOYED (STATE, MONTH, YEAR) |
| NAME OF SUPERVISOR | FROM TO |
| STATE JOB TITLE AND DESCRIBE YOUR WORK | WEEKLY PAY START LAST |
| | REASON FOR LEAVING |
| COMPANY NAME | TELEPHONE () |
| ADDRESS | EMPLOYED (STATE, MONTH, YEAR) |
| NAME OF SUPERVISOR | FROM TO |
| STATE JOB TITLE AND DESCRIBE YOUR WORK | WEEKLY PAY START LAST |
| | REASON FOR LEAVING |

NOTE: WE RESERVE THE RIGHT TO CONTACT THE EMPLOYERS LISTED ABOVE FOR INFORMATION CONCERNING YOUR EMPLOYMENT.

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1. Have you ever held a position which was similar (functions, duties, responsibilities) to the position for which you are applying?
_____ If so, please list job(s), when and where they were, and briefly describe similarities:

2. What talents do you have for the position you seek? _____

3. Why are you applying for this position? _____

4. What are your career objectives? _____

5. Have you held positions with increasing responsibility during your work history? _____. If so, please describe:

6. Have you periodically improved your skills through attendance at courses or seminars? _____ Please describe:

7. What was your attendance record at your last place of employment?

8. Have you ever been disciplined, suspended or terminated from prior employment? _____. If so, why? What employer?
When? Who took the action against you?

9. Have you ever been convicted of a crime (excluding misdemeanor traffic offenses or traffic tickets)? _____. If so:
Offense: _____ Court: _____
Date of Conviction: _____ Fine, sentence, penalty: _____
10. Are you now or have you ever been on probation? _____. If so:
Offense: _____ Court: _____
Dates your probation began and ended: _____

| LIST THREE REFERENCES WHO ARE NOT RELATIVES | | | |
|--|------------|--|-------------|
| R E F E R E N C E S | NAME | | ADDRESS |
| | OCCUPATION | | PHONE |
| | | | YEARS KNOWN |
| | NAME | | ADDRESS |
| | OCCUPATION | | PHONE |
| | | | YEARS KNOWN |
| | NAME | | ADDRESS |
| | OCCUPATION | | PHONE |
| | | | YEARS KNOWN |

| | | |
|--|---|-----------|
| S I G N A T U R E | <p>I hereby declare the information provided by me in this Application for Employment is true, correct and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for immediate dismissal.</p> <p>I authorize you to conduct an investigation of my employment history and all information which is or should be contained in this application.</p> | |
| | _____ | _____ |
| | Date | Signature |

WPM _____

Math Score _____

Ins. Score _____