

Application for Employment

Southwestern Educational Society
SESO
PO Box 40
Mayagüez, Puerto Rico 00681
Tel: (787) 834-2150 Fax: (787) 265-2500

It is the policy of Southwestern Educational Society to provide equal opportunity with regard to all terms and conditions of employment. SESO complies with Federal and Local laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic.

Social Security No. _____

Name _____
Last (both) First Middle/Maiden

Phone _____
Morning Afternoon Mobile

Address _____
Street City State Zip Code
P.O. Box City State Zip Code

Language competency: _____
Fluent Read Write

Position applying for: _____
Part Time Full Time

On what date would you be available for work? _____

Have you previously applied for work or have worked at SESO? No ___ Yes ___ Dates _____

Friends and/or relatives working at SESO: _____

Educational Background

I. School: _____ Location: _____

Degree/Diploma: _____ Graduation Date: _____

II. School: _____ Location: _____

Degree/Diploma: _____ Graduation Date: _____

III. School: _____ Location: _____

Degree/Diploma: _____ Graduation Date: _____

IV. School: _____ Location: _____

Degree/Diploma: _____ Graduation Date: _____

Employment History

Place an "X" by the employer (s) you do not want us to contact. List the most recent employer first.

1. Employer _____ Phone: (____) _____
Contact Name _____ Employed From _____ / _____ To _____ / _____
Month / Year Month / Year
Address _____
Position _____ Last Wage _____ Reason for Leaving _____
Description of Work: _____

2. Employer _____ Phone: (____) _____
Contact Name _____ Employed From _____ / _____ To _____ / _____
Month / Year Month / Year
Address _____
Position _____ Last Wage _____ Reason for Leaving _____
Description of Work: _____

3. Employer _____ Phone: (____) _____
Contact Name _____ Employed From _____ / _____ To _____ / _____
Month / Year Month / Year
Address _____
Position _____ Last Wage _____ Reason for Leaving _____
Description of Work: _____

4. Employer _____ Phone: (____) _____
Contact Name _____ Employed From _____ / _____ To _____ / _____
Month / Year Month / Year
Address _____
Position _____ Last Wage _____ Reason for Leaving _____
Description of Work: _____

General Questions

1. Do you have plans to continue studying? _____

2. List your: Strengths & Weaknesses

3. Mention any significant experiences that you feel may contribute to your effectiveness as an employee of this school.

References

Give the name, address and phone number of three people we may contact about your qualifications.

- 1. Name _____ Phone (s) _____
Address _____
- 2. Name _____ Phone (s) _____
Address _____
- 3. Name _____ Phone (s) _____
Address _____

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO SOUTHWESTERN EDUCATIONAL SOCIETY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR SESO'S OPTION DURING THE 90 DAY PROBATION PERIOD. I UNDERSTAND THAT NO CORPORATE REPRESENTATIVE, OTHER THAN ITS PRESIDENT OR SCHOOL DIRECTOR, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT OR SCHOOL DIRECTOR, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicant's Signature _____ Date _____