



Professional Application Form  
Southeast Technical Institute  
2320 North Career Avenue  
Sioux Falls, SD 57107  
Telephone: 605.367.8355  
Fax: 605.367.4372  
TDD: 605.367.4374

STI USE ONLY  
App \_\_\_\_\_ Complete \_\_\_\_\_  
Certificate \_\_\_\_\_  
Transcripts \_\_\_\_\_  
Resume \_\_\_\_\_  
Perceiver \_\_\_\_\_

Full Name \_\_\_\_\_  
First Middle Last

Email \_\_\_\_\_ Social Security \_\_\_\_\_

Current Address \_\_\_\_\_  
Address City State Zip Code

Permanent Address \_\_\_\_\_  
Address City State Zip Code

Daytime Phone Number \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_

Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process.

For Position of

Instructor \_\_\_\_\_ Other \_\_\_\_\_

(Instructor applications must include copies of transcripts, credentials, certificates, and other documents relative to the professional qualifications of the position)

Expected Salary \$ \_\_\_\_\_ Hourly Salary

Date Available to Start \_\_\_\_\_

Complete Applications will be screened for candidacy. If candidacy status is met the application will be retained in our active files for three months upon its completion. Please notify Southeast Technical Institute of changes in name, address, or phone number.

# Academic History

High School \_\_\_\_\_

Address \_\_\_\_\_  
Address City State Zip Code

## Colleges and Universities – List most recent first

College \_\_\_\_\_ Dates Attended \_\_\_\_\_  
From-To

Address \_\_\_\_\_  
Address City State Zip Code

Degree \_\_\_\_\_ Minors(s) \_\_\_\_\_

College \_\_\_\_\_ Dates Attended \_\_\_\_\_  
From-To

Address \_\_\_\_\_  
Address City State Zip Code

Degree \_\_\_\_\_ Minors(s) \_\_\_\_\_

College \_\_\_\_\_ Dates Attended \_\_\_\_\_  
From-To

Address \_\_\_\_\_  
Address City State Zip Code

Degree \_\_\_\_\_ Minors(s) \_\_\_\_\_

College \_\_\_\_\_ Dates Attended \_\_\_\_\_  
From-To

Address \_\_\_\_\_  
Address City State Zip Code

Degree \_\_\_\_\_ Minors(s) \_\_\_\_\_

## Specialized Training

List all Licenses, areas of Certification, or any other Special Training:

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South Dakota Teaching Certification Information:

Do you have a SD Secondary Certificate? \_\_\_ Yes \_\_\_ No

If not, have you applied? \_\_\_ Yes \_\_\_ No

Do you have a Post-Secondary Credential? \_\_\_ Yes \_\_\_ No

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## Employment History

Employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_  
Address City State Zip Code

Job Title \_\_\_\_\_ Salary – Start \_\_\_\_\_ End \_\_\_\_\_

Supervisor \_\_\_\_\_ Full or Part Time \_\_\_\_\_

Work Performed/Skills Used: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_  
Address City State Zip Code

Job Title \_\_\_\_\_ Salary – Start \_\_\_\_\_ End \_\_\_\_\_

Supervisor \_\_\_\_\_ Full or Part Time \_\_\_\_\_

Work Performed/Skills Used: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_  
Address City State Zip Code

Job Title \_\_\_\_\_ Salary – Start \_\_\_\_\_ End \_\_\_\_\_

Supervisor \_\_\_\_\_ Full or Part Time \_\_\_\_\_

Work Performed/Skills Used: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

Employer \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_  
Address City State Zip Code

Job Title \_\_\_\_\_ Salary – Start \_\_\_\_\_ End \_\_\_\_\_

Supervisor \_\_\_\_\_ Full or Part Time \_\_\_\_\_

Work Performed/Skills Used: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

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## References

These references should be from individuals who are or have been familiar with your professional work, and who are qualified to answer questions concerning this application. Include at least one supervisor who has evaluated you.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Current Position \_\_\_\_\_ Years Known \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Current Position \_\_\_\_\_ Years Known \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_  
\_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Current Position \_\_\_\_\_ Years Known \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

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### Legal Information

Are you eligible to work in the United States  Yes  No

Have you ever been convicted of a felony?  Yes  No

If so, identify \_\_\_\_\_

Have you ever been discharged from a position?  Yes  No

If so, identify \_\_\_\_\_

Are you currently a party to a pending lawsuit or administrative action?  Yes  No

If so, identify \_\_\_\_\_

The Sioux Falls School District is an equal opportunity employer providing opportunities for employment without regard to race, color, creed, religion, age, gender, disability, national origin or ancestry. Inquiries concerning the application of Title IX, Section 504 or Title VI, or the Americans with Disabilities Act of 1992 may be referred to the Assistant Superintendent-Human Resources/Administrative Services at 201 East 38th Street, Sioux Falls, SD 57105-5898, (PH: 605-367-7816, TDD: 605-367-7948), or to the U.S. Department of Education, Office for Civil Rights, 10220 North Executive Hills Blvd., Kansas City, MO 64153-1367, (PH: 816-880-4202; TDD: 816-891-0582; FAX: 816-891-0644).

### Authorization

I authorize the Sioux Falls School District to make any investigation of any personal, educational, vocational, or employment history. I further authorize any current or former employer, person, firm, corporation, educational or vocational institution or government agency to provide the Sioux Falls School District with information they have regarding me. I hereby release and discharge the Sioux Falls School District and those who provide information from any and all liability as a result of furnishing and receiving this information. I further agree that falsification of any part of this application, including any accompanying inserts, shall be sufficient cause for dismissal. References and personal information which become a part of this application will be regarded as confidential and shall not be revealed to me. Further, I understand the Sioux Falls School District is drug free/smoke free/tobacco free and that any offer of employment is conditional based upon a completed criminal background check.

Signature \_\_\_\_\_

Date \_\_\_\_\_