



NATIONAL HEADQUARTERS
KAPPA KAPPA PSI & TAU BETA SIGMA
POST OFFICE BOX 849
STILLWATER, OKLAHOMA 74076
405-372-2333

Application for Employment

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT CLEARLY)

Position(s) Applied For		Date of Application	
How did you learn about us?			
<input type="checkbox"/> KKY/TBS Website		<input type="checkbox"/> Advertisement: Which one _____	
<input type="checkbox"/> Friend/Relative		<input type="checkbox"/> Other _____	
Last Name	First Name	Middle Name/Initial	
Address	City	State	Zip Code
Telephone	Email		

Have you previously worked for or applied for a position with KKY/TBS before? Yes No If yes, please explain when and in what capacity: _____

Are you currently employed?

Yes No

May we contact your present employer?

Yes No

Are you legally authorized to work in the United States? Yes No

What date are you available to begin work? _____

Can you travel if a job requires it? Yes No

Education

	Undergraduate College/University	Graduate/Professional
School Name and Location		
Major		
Degree Obtained		

Describe any specialized training, internships, extra-curricular activities you participated in/received:

Describe any honors or awards you have received:

State any additional information you feel may be helpful when considering you for employment:

Please attach a copy of your resume that includes employment history. Be sure the following details are included. If they are not on your resume, please add them below. (*Use additional sheets if necessary*).

- Employer Name, Address, Telephone Number
- Dates of Employment
- Job Title
- Supervisor
- Duties performed

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date