

Application for Employment

Applicants may submit employment applications and required documents in person, email, or mail.

Position(s):					Da	te of Appl	ication	:	
Legal Last Name	<u> </u>	Legal	First	Name		Pre	ferred	Name	
Address		City				Stat	te	Zip	
Primary Phone	Numbe	Alter	nativ	e Phon	e Number	Ema	ail		
Have you ever vo			ando	o Comr	nunity-Minn	esota? Y	es 🗌	No 🗌	
Date(s) &									-
Have you ever be	•		Man	doo Co	mmunity-Mi	nnesota?		/es No	
Date(s) &		• •							
If hired, can you	provide	proof that you a	re au	thorize	ed to work in	the Unite	d State	s? Yes N	o 🔲 💮
If hired, when we	ould you	u be available to	start	?					
How did you hea	r about	this open position	on? <i>(F</i>	Posting	website, refe	erral, etc.)			
If you were refer	red to k	y a current emp	loyee	, what	is their name	?			
DRIVING/AUTO: Many positions requ those locations are r reliable means of tro Do you have a va Do you have a ca Do you have curr	nire work not well s ansport to alid drive ar you ca	erved by public trans ofield locations thro er's license? an use for work?	sit, SN ughou Yo Yo	ICM req	uires employees	s to use their	person		
LANGUAGE SKIL The duties of most those abilities in at job announcement f	SMCM po least one	other language, as osition. Please list l	well.	Require	ments for lang your level of flu	uage skills o iency in each	ther the	n English are po elow.	sted on the
Language	. .	Speaking Ability	_	F1 .	Understand	_	F1 .	Reading/Writ	•
	Fluent	Fair	Poor	Fluent	Fair	Poor	Fluent	Fair	Poor



			·		·	Revised 12/2015	
COMPUTER SKIL Many positions at SI	MCM require	e the use of a c xperience		•	_	_	
Service Po	oint	_	Excel		_	Social Media	
Google Do	ocs	_	Word		_	Power Point	
Outlook		_	Access		_	Publisher	
Other Soft	tware:						
EDUCATION: Please list your educ Have you gradua				? Yes No	dence, and milita	ry schools, etc.	
School Name and Address				dy/Major	Degree/Certificate		
PROFESSIONAL I List three people, wh			hat may speak of yo	our past profess	ional work or wo	rk habits	
Name		Rela	Relation Phone				
Name		Rela	Relation Phone				
Name		Rela	Relation Phor			ne	
After an applica	and that a	s a job offe	r, as a conditior	n of employn	nent, a crimin	of a background check al history check will be en it comes to deciding	



about convictions. If you have questions or concerns, please contact Jato Chabsi (651) 815 - 2375 or jchabsi@sikkoomandoo.com.

ADDITIONAL INFORMATION:		
Use this space to add other job-related i	nformation you would like us to consider.	
WORK EXPERIENCE:		
Add copies of this page to include addi	tional work experience, do not write "See resume."	" Include all paid, military, non-
paid, and volunteer experience related t	o positions applying for.	
From: To:	Employer:	May we contact this
		employer?
		<u></u>
Position:	Phone Number:	Yes No
r osition.	Thore Number.	
Duties:		
Duties.		
	Supervisor's Name & Telephone Number:	Reason for Leaving:
		laaaaa. zaag.
From: To:	Employer:	May we contact this
		employer?
		Yes No No
Position:	Phone Number:	
Duties:		



	Supervisor's Name & Telephone Number:	Reason for Leaving:
From: To:	Employer:	May we contact this employer?
		Yes No No
Position:	Phone Number:	
Duties:		
	Supervisor's Name & Telephone Number:	Reason for Leaving:
	,	
From: To:	Employer:	May we contact this employer?
		Yes No No
Position:	Phone Number:	•
Duties:	I	
	Supervisor's Name & Telephone Number:	Reason for Leaving:

Sikkoo Mandoo Community-Minnesota's MISSION:

SMCM's mission is to empower and transform the Sikkoo Mandoo community-MN in the diaspora in Oromia educationally, economically, socially, and culturally.

EQUAL EMPLOYMENT OPPORTUNITY:

SMCM is an equal opportunity employer and does not discriminate based on race, color, creed, sex, national origin, sexual orientation, marital status, religion, political affiliation, veteran status, physical or mental disabilities, or other legally protected status unless it is a bona fide occupational requirement reasonably necessary to the SMC's operations.

REASONABLE ACCOMMODATION:

Applicants may request reasonable accommodation in SMCM's recruitment and selection process by contacting the SMCM office management.



VERIFICATION AND SIGNATURE:

By signing this I authorize the investigation of all matters which SMCM deems relevant to my qualification for employment, including all information given in this application and any attachments, supporting documents or interviews. I authorize you to request and receive such information and I release from all liability any persons (e.g. current or former supervisors, coworkers) employers, or other entities (e.g. schools) supplying it. I also release any employee of SMCM and SMCM from all liability that may result from making the investigation.

I certify that all the information given in this application and in any attachments, supporting documents or interviews is (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions, generally will result in denial of employment, withdrawal of any offer of employment, or immediate termination, regardless of when or how discovered. I understand that I may be required to submit to a criminal background check, pre-or postemployment physical and other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs and/or alcohol. I agree with such examinations, inquiries and/or testing at SMCM's expense. I authorize the release of the results to SMCM and their use to evaluate my suitability for employment. I also release SMCM from all liability arising out of or connected with any examinations, inquiries, or testing. In consideration for employment, I agree to conform to the instructions, rules, and policies of SMCM. Employment with SMCM is at-will, which means it may be terminated at any time, with or without cause, with or without notice, at the option of either SMCM or SMCM employees. I understand that no representative of SMCM has authority to enter into any agreement either verbal or written for employment for any specified period, or to make any agreement contrary to the at-will employment, except the Executive Director and this agreement must be signed by both parties in writing.

Signature:	Date:
Printed Name:	

Submit Applications to:

REMINDER TO ALL APPLICANTS:

- Applications may be accessed at <u>SMCM (sikkoomandoo.org)</u>, or at the SMCM office, 1821 University Ave W. Suite 241, Saint Paul, MN 55104
- Applications must be received at the main office by 4:00 p.m. on the closing date, if applicable.
- Attach resume and cover letter to SMCM application form.
- All positions require completion of an SMCM application.
- Materials submitted without a completed application are considered incomplete and will not be considered.
- Due to the high volume of applications received, we will not be able to contact each applicant.
- We may not be able to return calls about inquiries about the status of your application.