

# APPLICATION FOR EMPLOYMENT



## PERSONAL INFORMATION

- Please Print Or Type -

Name (Full - Last, First, Middle)			Social Security Number		Date
Street Address			City	State	Zip
			Home Phone		Business Phone
Position(s) Desired			Email Address		
Are you currently authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			When could you start employment?		
Are you willing to work: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/>					
Have you ever made application for employment with the College? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, when?		
Have you been employed by the College previously? Yes <input type="checkbox"/> No <input type="checkbox"/>			If yes, where and what position.		
Can you perform the essential job functions of this position with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you ever been convicted of a felony or misdemeanor - other than a minor traffic violation? If yes, give details. A criminal background will not necessarily disqualify an individual from employment. Each case will be considered on an individual basis. Yes <input type="checkbox"/> No <input type="checkbox"/>					

## EDUCATION INFORMATION

Name & Location	
Prep or High School	Highest Grade Completed:
College or University	Degree Attained: Course of Study:
Graduate School	Degree Attained: Course of Study:
Other	

## EMPLOYMENT HISTORY

Starting with your most recent employer and working backwards, answer the following questions completely. Please specify if other than full time.

Name of Employer		Position Held	
Address			
Telephone		Immediate Supervisor/Title	
Employment Dates (From Month/Year To Month/Year)		Starting Monthly Salary \$	Current Monthly Salary \$
Nature of Work			
Reason for Leaving			

## MISSION STATEMENT

*Empowering people by raising aspirations and fostering achievement through dynamic, compassionate, and responsible learning experiences*

**EMPLOYMENT HISTORY (continued)**

Name of Employer		Position Held	
Address			
Telephone		Immediate Supervisor/Title	
Employment Dates (From <u>Month/Year</u> To <u>Month/Year</u> )	\$ Starting Monthly Salary	\$ Ending Monthly Salary	
Nature of Work			
Reason for Leaving			

Name of Employer		Position Held	
Address			
Telephone		Immediate Supervisor/Title	
Employment Dates (From <u>Month/Year</u> To <u>Month/Year</u> )	\$ Starting Monthly Salary	\$ Ending Monthly Salary	
Nature of Work			
Reason for Leaving			

**GENERAL**

Additional information you would like to provide for purpose of employment consideration:

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**TO APPLICANT: READ CAREFULLY BEFORE SIGNING**

In consideration of my employment, I agree to conform to the policies and procedures of the College. I understand that in accepting this application, the College is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without cause, and with or without notice at any time.

The statements that I have made in the application are true and complete to the best of my knowledge and I understand that any alteration or concealment of material fact will result in my disqualification or dismissal after employment. Permission is hereby granted to investigate my background, including past employment, medical history, criminal background, etc.; perform a drug test; and relay this information to any requesting source deemed necessary.

If employed, I understand that the policies of the Board of Trustees of the Community College District No. 536, as well as the College's administrative procedures, shall be deemed incorporated as part of the terms and conditions of employment. Violations of any of the aforesaid policies and procedures shall be cause for disciplinary action, including, but not limited to, termination of employment.

Date \_\_\_\_\_ Signed \_\_\_\_\_  
 (Sign Your Name - Do Not Print)