



Application for Employment

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

(Please Print)

Position Applied For		Date of Application	
How Did You Learn About Us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Employment <input type="checkbox"/> Friend <input type="checkbox"/> Walk-In <input type="checkbox"/> Relative			
Other (Please Specify) _____			
Last Name		First Name	Middle Name
Address			
Number	Street	City	State Zip Code
Telephone Number(s)	Home	Work	Mobile

- If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
- Have you ever filed an application with us before? Yes No
If Yes, give date _____
- Have you ever been employed with us before? Yes No
If Yes, give date _____
- Are you currently employed? Yes No
- May we contact your present employer? Yes No
- Are you prevented from lawfully becoming employed in this country because
of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment. Yes No

On what date would you be available to work? _____
Are you available to work:

- Full Time Part Time Shift Work Temporary

- Can you travel if the job requires it? Yes No
- Have you ever been convicted of a felony? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, Please explain: _____

- Have you ever had any job-related training in the United States Military? Yes No

If Yes, Please explain: _____

Connors State College Is An Affirmative Action / Equal Opportunity / E-Verify Employer

Education

	Elementary School	High School	Undergraduate College/University	Graduate/Professional
School Name & Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extra curricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

Indicate any foreign languages you can speak, read and / or write

Speak			
Read			
Write			

List any professional trade, business, or civic activities and offices held.

You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry handicap or other protected status.

References

Give name, email and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, religion, gender, national origin, handicap or other protected status.

1.	Employer	Date Employed From To	Work Performed
	Address		
	Telephone #'s		
	Job Title Supervisor		
	Reason for Leaving		
2.	Employer	Date Employed From To	Work Performed
	Address		
	Telephone #'s		
	Job Title Supervisor		
	Reason for Leaving		
3.	Employer	Date Employed From To	Work Performed
	Address		
	Telephone #'s		
	Job Title Supervisor		
	Reason for Leaving		
4.	Employer	Date Employed From To	Work Performed
	Address		
	Telephone #'s		
	Job Title Supervisor		
	Reason for Leaving		

If you require additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

Summarize special job-related skill and qualifications acquired from employment or other experience.

Applicant's Statement

I certify that the 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 60 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 acknowledge that any employment relationship with this college is of an "at will" nature, which means that the Employee may resign at any time and the college may discharge the Employee at any time with or without cause. It is further understood 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 the College. 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 policies, rules, and regulations of the College.

Signature of Applicant _____ Date _____

Employment Data Record

Employees are treated during employment without regard to race, religion, gender, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all data records are kept in a Confidential File and are not part of your Application for Employment or personnel file.

Please note: **Your Cooperation is Voluntary.**

Inclusion or Exclusion of any data will not affect any employment decision.

Voluntary Survey

Government agencies at times require periodic reports on sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program.

Submission of this form is voluntary.

(Please Print)

Date ____ / ____ / ____

Name _____

Address _____

City _____ State _____ Zip Code _____

Complete Only The Sections Below That Have Been Checked

Check One: Male Female Age _____

Check One Of The Following Ethnic Origins:

- Hispanic or Latino-Includes all employees who answer "Yes" to the question, are you Hispanic or Latino?
- Black or African American (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- White (not Hispanic or Latino)
- American Indian / Alaskan Native (not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)

Check If Any Of The Following Are Applicable

- Vietnam Era Veteran
- Disabled Veteran
- Handicapped Individual

For Human Resources Department Use Only

Position(s) Applied For Is Open: YES NO Date _____

Positions(s) Considered For: _____

Notes: _____

