

Application for Employment

An Equal Opportunity / Affirmative Action Employer

Instructions: To order to be considered for the position identified below, this application must be filled out completely, typed or printed in ink, and signed (electronic signatures accepted).

Have you ever worked for South Puget Sound Community College? No Yes
If yes, when? _____

Position applying for: _____ Full-time Part-time
 BOTH if applicable

Personal Data

Name		Recruitment Referral: Please tell us how you heard about this vacancy <input type="checkbox"/> Newspaper – please specify: <input type="checkbox"/> Professional/Trade Journal – please specify: <input type="checkbox"/> Internet Source – please specify: <input type="checkbox"/> Job Announcement posted by Agency bulletin board – please specify: <input type="checkbox"/> Other source – please specify: <input type="checkbox"/> Walk-in	
Mailing Address			
City, State, Zip Code			
Home Telephone	Business Telephone	Mobile Telephone	E-mail Address
List other names under which you have attended school, been employed, or known by:			

Veteran's Preference

Eligibility for veteran's preference is defined in RCW 73.16.010. Applicants claiming veteran's preference eligibility may be required to provide a DD 214, NGB 22 or other documents to verify eligibility.

Are you a military veteran eligible for veteran's preference? No Yes

Are you a widow/widower of a military veteran eligible for veteran's preference? No Yes

Are you a spouse of an eligible military veteran with a service connected permanent and total disability? No Yes

South Puget Sound Community College (SPSCC) is an equal opportunity employer. We strive to create a working environment that includes and respects cultural, racial, ethnic, sexual orientations and gender identity diversity. Women, racial and ethnic minorities, persons with disabilities, persons over 40 years of age, disabled and Vietnam era veterans and people of all sexual orientations and gender identities are encouraged to apply. SPSCC complies with the Americans with Disabilities Act. Applicants needing accommodation in the application process in an alternative format may contact the Human Resources office at (360) 596-5500. SPSCC is committed to enhancing the diversity of our faculty and staff, as well as our student population. We strongly encourage applicants to apply without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, disability, or any other legal protected status. SPSCC is a drug-free workplace.

Employment History

1	Employer		Title	
	Supervisor	Supervisor's Telephone	Salary	Assigned hours per week / % time
	May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Employment (Mo/Yr - Mo/Yr)	Reason for leaving	

2	Employer		Title	
	Supervisor	Supervisor's Telephone	Salary	Assigned hours per week / % time
	May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Employment (Mo/Yr - Mo/Yr)	Reason for leaving	

3	Employer		Title	
	Supervisor	Supervisor's Telephone	Salary	Assigned hours per week / % time
	May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Employment (Mo/Yr - Mo/Yr)	Reason for leaving	

4	Employer		Title	
	Supervisor	Supervisor's Telephone	Salary	Assigned hours per week / % time
	May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Employment (Mo/Yr - Mo/Yr)	Reason for leaving	

5	Employer		Title	
	Supervisor	Supervisor's Telephone	Salary	Assigned hours per week / % time
	May we contact supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of Employment (Mo/Yr - Mo/Yr)	Reason for leaving	

Education

Have you graduated from high school or received a GED certificate? No Yes

Name of College or University	City, State	From: Mo/Yr	To: Mo/Yr	Degree or Diploma Earned	Major

Licenses and Certificates (List all of your professional licenses, permits, and certificates)

Type	License	State	Expiration Date:
Type	License	State	Expiration Date:

Professional References

Name	Title/Business Name	Telephone Number	Email
Name	Title/Business Name	Telephone Number	Email
Name	Title/Business Name	Telephone Number	Email

Applicant’s Certification and Agreement

Please read carefully.

I hereby certify that the information provided in this application is true and complete, and that there are no willful misrepresentations in and no falsification of any of the statements and answers to questions. I am aware that should investigation disclose any misrepresentations of falsifications; such disclosure will constitute grounds for rejection of application or immediate dismissal.

I hereby consent to and authorize any of my former employers to furnish any and all relevant information concerning my previous employment record. I hereby consent to and authorize any of my previous educational institutions to furnish any and all relevant information concerning my previous educational record. I release all parties connected with any request for information from all claims, liability, and damages for whatever reason arising out of furnishing this information. If employed, I release SPSCC from any liability for future references it may provide regarding my work history at SPSCC.

If I am employed, I understand that I must provide proof of employment authorization and of identity and will provide the documents when asked.

I understand that should my position have unsupervised access to children under sixteen years of age, developmentally disabled persons or vulnerable adults, I will consent to a background investigation to check all information contained in or related to my application, including records of law enforcement agencies. If I am employed, I understand that employment will be on a conditional basis pending completion of the background check. I understand that should investigation disclose misrepresentation or omission; such disclosure will constitute grounds for rejection of application or immediate dismissal.

I understand that I am responsible to SPSCC for the replacement value of any College property that I retain beyond my exit date.

A photocopy of this release shall have the same effect as the original.

I have read and understand the information on this application.

Printed Name: _____ Date: _____

Signature: _____ (not required for electronic submissions)

INFORMATION FOR FEDERAL AND STATE REPORTING PROGRESS.
This supplemental information is for recordkeeping only

As an Equal Opportunity Employer, South Puget Sound Community College is required to report the composition of its workforce to the state and federal government. The information on this form will be filed separately and will not be available to those processing your application. It will be available only to the person responsible for government reporting or for affirmative action reasons and safeguards will be used to prevent the discriminatory abuse of this information. Your voluntary cooperation will be appreciated.

Position _____

Name _____ Social Security No. _____

Birthdate _____ Sex: Male Female

Are you of Hispanic/Latino origin? (Check One)

- No, not Hispanic/Latino (999) Yes, Puerto Rican (727)
 Yes, Mexican, Mexican-Am., Chicano (722) Yes, Cuban (709)
 Yes, other Hispanic/Latino (Please Print) _____

Which race do you consider yourself to be? (Choose one or more.)

- White (800) Black or African -American (870)
 Eskimo (935) Aleut (941) Hawaiian (653) Laotian (613)
 Chinese (605) Filipino (608) Japanese (611) Other Asian ()
 Korean (612) Vietnamese (619) Cambodian (604)
 American Indian (597) (Name of enrolled/principal tribe: _____) ()
 Pacific Islander (Please specify) _____ ()
 Other Race (Please specify) _____ ()

Do you have a physical, sensory, or mental impairment which substantially limits one or more life activities (e.g., walking, seeing, hearing, breathing, or learning)? NO YES

Do you have a physical, mental, or other health condition that has lasted for 6 or more months and which limits the kind or amount of work you can do at a job? NO YES

VETERANS PREFERENCE*:

- Vietnam-Era Veteran: Served on active duty for more than 180 days, including any of the time period August 5, 1964 through May 7, 1975, and received other than dishonorable discharge, or released from active duty during the same period of time for service connected disability.
 Disabled Veteran: Entitled to veteran's disability compensation of 30% or more, or released from active duty for service-connected disability.
 Military veteran eligible for veteran's preference.
 Widow/widower of a military veteran eligible for veteran's preference.
 Spouse of an eligible military veteran with a service connected permanent and total disability.

*Eligibility for veteran's preference is defined in RCW 73.16.010. Applicants claiming veteran's preference eligibility may be required to provide a DD 214, NGB 22 or other documents to verify eligibility.

Have you been employed by any other State of Washington agency? NO YES

If yes, agency: _____ Dates: _____
