



# Shawnee Community College

## EMPLOYMENT APPLICATION

8364 Shawnee College Road  
Ullin, IL 62992  
www.shawneecc.edu

**POSITION:** \_\_\_\_\_

\_\_\_\_\_ Full Time    \_\_\_\_\_ Part Time    \_\_\_\_\_ Temporary

Date of Application: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

### PERSONAL DATA

Name: \_\_\_\_\_  
Last                          First                          Middle

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street or Box Number

\_\_\_\_\_ Office Phone: \_\_\_\_\_

City                          State                          Zip

### MISCELLANEOUS

Are you less than 18 years of age? ( ) Yes ( ) No  
If yes, can you furnish a work permit? ( ) Yes ( ) No

Have you ever been employed by SCC before? ( ) Yes ( ) No

Have you filed an application with SCC within the past 12 months? ( ) Yes ( ) No

Are you legally permitted to work in the country? ( ) Yes ( ) No  
If yes, will you be prepared to produce proof at the time of hire, in accordance with  
the Immigration Reform and Control Act of 1986? ( ) Yes ( ) No

Are you currently receiving retirement benefits from the State Universities Retirement  
System (SURS)? ( ) Yes ( ) No  
If yes, you may be required to provide the following documentation from SURS:  
1. Monthly earning limitation  
2. Highest rate of earnings

Do you have any relatives working at SCC? ( ) Yes ( ) No  
If yes, name of SCC employee \_\_\_\_\_

Are you currently employed by another SURS covered employer? ( ) Yes ( ) No  
If yes, please complete the following: (please add an additional sheet if necessary)

Employer Name	Number of Weeks Worked or Anticipated to Work	Dates Worked or Anticipated to Work	Estimate Gross Pay for that Job/Position

**EDUCATION**

School	Name/Address of School	Degree/ Diploma Awarded	Major	Hours Earned Toward Cert./Degree
High		___ Diploma ___ GED		
Certificate		___ Yes ___ No		
College		Bachelors ___ Yes ___ No		
College		Masters ___ Yes ___ No		
College		Ph.D. / Ed.D. ___ Yes ___ No		

Other Pertinent Formal Training, if any: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Professional Organizations: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Academic Recognition or Awards: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REFERENCES** (List references who are not related to you and are not previous employers)

Name/Position	Relationship	Address	Telephone Number

**EMPLOYMENT HISTORY:** List in order last employer first.

Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_ Position: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
\_\_\_\_ Voluntary \_\_\_\_ Involuntary

Supervisor: \_\_\_\_\_ May be contacted for references \_\_\_\_ Yes \_\_\_\_ No

Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_ Position: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
\_\_\_\_ Voluntary \_\_\_\_ Involuntary

Supervisor: \_\_\_\_\_ May be contacted for references \_\_\_\_ Yes \_\_\_\_ No

Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: \_\_\_\_\_ Position: \_\_\_\_\_

Salary: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
\_\_\_\_ Voluntary \_\_\_\_ Involuntary

Supervisor: \_\_\_\_\_ May be contacted for references \_\_\_\_ Yes \_\_\_\_ No

**READ CAREFULLY**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record, and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and I hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

I agree to abide by all rules and regulations in effect at the time of my employment or subsequently initiated.

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

I have read, and understand, and by my signature consent to these statements.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Shawnee Community College is an Equal Opportunity/Affirmative Action Employer.**

The college is strongly committed to equal opportunity and affirmative action in its educational programs, as well as hiring of faculty and staff members. Because of our commitment, it is important that we conduct a careful evaluation of our recruitment efforts when openings become available within the institution.

In order to comply with federal laws and to assure our affirmative action objectives, we must collect and analyze the information requested on the following form. We fully realize that supplying the requested information is voluntary on your part. However, we urge you to assist us in gathering this vital information. Safeguards have been instituted to ensure that the information cannot be used as a basis for discrimination during hiring.

Your cooperation in supplying this information is greatly appreciated.

*The information being provided below is for information and reporting purposes only. This information will not be used for hiring purposes.*

### **EQUAL OPPORTUNITY INFORMATION FORM**

Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_M \_\_\_F

#### **RACE/ETHNIC BACKGROUND:**

\_\_\_\_\_ White, Non-Hispanic or Latino

\_\_\_\_\_ Black, Non-Hispanic or Latino

\_\_\_\_\_ Hispanic or Latino

\_\_\_\_\_ Native Hawaiian or Pacific Islander (Not Hispanic or Latino)

\_\_\_\_\_ Asian (Not Hispanic or Latino)

\_\_\_\_\_ American Indian or Alaskan Native (Not Hispanic or Latino)

\_\_\_\_\_ Two or More Races (Not Hispanic or Latino)

**VETERAN STATUS:** Are you a disabled veteran? \_\_\_ Yes \_\_\_ No  
Vietnam Era veteran? \_\_\_ Yes \_\_\_ No

How did you hear of this position? \_\_\_\_\_  
(If through an advertisement, please name the publication in which it appeared)

\_\_\_\_\_

Thank you for your assistance.

Shawnee Community College is an Equal Opportunity/Affirmative Action Institution. Women and minorities are encouraged to apply.