



Lower Columbia College

APPLICATION FOR EMPLOYMENT

Human Resource Services
1600 Maple Street; P. O. Box 3010; Longview, WA 98632
(360) 442-2120; Fax (360) 442-2129

It is the policy of Lower Columbia College to provide equal opportunity in all facets of education, hiring and continued employment regardless of sex, race, marital status, creed, color, age, national origin, sexual orientation, the presence of any sensory, mental or physical disability, veteran status or religious preference. Upon request accommodations are available to persons with disabilities for the application process.

NAME _____ DATE _____

STREET ADDRESS _____ HOME PHONE _____

CITY, STATE, ZIP CODE _____ CELL PHONE _____

E-MAIL ADDRESS _____ BUSINESS PHONE _____

POSITION DESIRED _____ SOC. SEC. NO. (OPTIONAL) _____

EDUCATION

NAME OF SCHOOL(S)	DATES ATTENDED	DEGREE OR CREDITS EARNED	MAJOR
HIGH SCHOOL			
COLLEGE			
COLLEGE			
OTHER			

If hired, could you provide us with proof of U.S. Citizenship or alien registration number? YES NO

Have you been convicted of a felony in the last 7 years which may be related to the position for which you are applying? YES NO If yes, describe in full _____

(A conviction is not an automatic bar from employment. The nature of the offense and evidence of rehabilitation will be considered.)

VETERANS PREFERENCE: If you are a veteran and received an honorable discharge, you must list your date of discharge here _____ to qualify for veterans preference. Applicant agrees to supply DD-214 at the time of appointment.

REFERENCES

Please list three people whom you wish to give as professional references that may be contacted.

NAME	TELEPHONE NUMBER	POSITION

EMPLOYMENT HISTORY

List in chronological order and each year of experience

DATES		NAME OF EMPLOYER	ADDRESS OF EMPLOYER	YOUR POSITION
FROM	TO			
SUPERVISOR: Name and Title				Reason for Leaving
Describe in detail the work you did				
DATES		NAME OF EMPLOYER	ADDRESS OF EMPLOYER	YOUR POSITION
FROM	TO			
SUPERVISOR: Name and Title				Reason for Leaving
Describe in detail the work you did				
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FROM	TO			
SUPERVISOR: Name and Title				Reason for Leaving
Describe in detail the work you did				

PREVIOUS RESIDENCE

Please list Counties and States you have resided in for the last 7 years.

County	State	Years of Residence

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 or 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 Lower Columbia College from any liability for future references it may provide regarding my work history at Lower Columbia College.

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

I understand that my employment is contingent upon proof of employment authorization and of identity and will present the documents when asked.

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.

SIGNATURE OF APPLICANT

DATE