



Human Resources
 2405 East College Way
 Mount Vernon, WA 98273-5899
 Job Line 360-416-7800
 Fax 360-416-7878
 E-mail: employ@skagit.edu
 Website: www.skagit.edu

Application for Employment

Skagit Valley College provides a drug-free environment and does not discriminate on the basis of race, color, national origin, sex, disability, sexual orientation, or age in its programs and employment.

Instructions: This application must be filled out completely, **typed or printed in ink**, and **signed** to be considered. Corrected or extended recruitment announcements will be posted in the HR department and listed on our job line. All documents submitted as a part of your application package become the property of the college and will not be returned. Applicants with disabilities who require assistance with the recruitment process will be accommodated to the extent reasonably possible.

Social Security Number (Voluntary)

Position title as advertised:

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Personal Data

Full-Time

Part-Time

Temporary

Name (Last, First, Middle Initial)		Are you a U.S. Citizen, or are you eligible for lawful employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		If no, what is your official immigration status? (Note: Proof of identity, citizenship or legal right to work in the U.S. will be required upon hiring.)	
City, State, Zip Code			
Home Telephone ()	Business Telephone ()	Message/Cell. Telephone ()	E-mail address
List other names under which you have attended school, been employed, or known by:			
Do you currently or have you ever worked at any other agency or institution of higher education in the State of Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever served in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide agency or institution name and dates:		Do you wish to claim Veteran's preference? (Classified positions only)	
Have you been convicted of a felony or released from prison within the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, list all convictions. (Note: A conviction will not necessarily disqualify you for employment.)			
If yes, please attach a copy of your DD214.			

The principles of diversity, equal employment opportunity, and nondiscrimination are fundamental to the mission, goals, and objectives of Skagit Valley College. The college complies with all applicable federal and state laws designed to promote equal employment opportunity. The college is working to build a diverse staff and encourages all qualified applicants to apply.

Employment Record – List present or most recent experience first. Explain any breaks in your employment history in the appropriate order; use the "Duties" space for your explanation. Make copies of page 2 as needed for listing additional experience.

You must complete the employment record section.

Statements such as "See Resume or See VITA" do not substitute for completing any portion of the application.

Employer Name		Position Title	
City, State		Dates of Employment (Mo./Yr – Mo./Yr.) From: / To: /	
Supervisor	Supervisor's Telephone ()	Salary or Wage Rate	Hours worked per week:
Duties:			
Reason for Leaving:			

Employment Record – Continue with next most recent experience.

Employer Name		Position Title	
City, State		Dates of Employment (Mo./Yr – Mo./Yr.) From: / To: /	
Supervisor	Supervisor's Telephone ()	Salary or Wage Rate	Hours worked per week:
Duties:			
Reason for Leaving:			

Employer Name		Position Title	
City, State		Dates of Employment (Mo./Yr – Mo./Yr.) From: / To: /	
Supervisor	Supervisor's Telephone ()	Salary or Wage Rate	Hours worked per week:
Duties:			
Reason for Leaving:			

Employer Name		Position Title	
City, State		Dates of Employment (Mo./Yr – Mo./Yr.) From: / To: /	
Supervisor	Supervisor's Telephone ()	Salary or Wage Rate	Hours worked per week:
Duties:			
Reason for Leaving:			

Education

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

Name of School:

City, State:

College or University	Name of School/Location	From: Mo/Yr	To: Mo/Yr	Total Credits Completed*		Degree or Diploma	Major
				Quarter	Semester		

*Indicate whether semester (S) or quarter (Q) credits

Training – Seminars, workshops, etc. (Including length of training.)

Licenses and Certificates – List all of your professional licenses, permits, and certificates.

License: _____ Type: _____ State: _____ Effective Date: _____ Expiration Date: _____

License: _____ Type: _____ State: _____ Effective Date: _____ Expiration Date: _____

Skills – Indicate the type, system or software package appropriate to each section below.

Computer System (PC or MAC)	Fiscal (i.e., Bookkeeping, Payroll, Budget Mgt., Cashiering, etc.)
Word Processing Software	Database Software
Publishing Software	Spreadsheet Software

Professional References — Include those persons who have first hand knowledge of your skills and abilities.

Name	Telephone Number ()
Official Position & Employer	

Name	Telephone Number ()
Official Position & Employer	

Name	Telephone Number ()
Official Position & Employer	

Name	Telephone Number ()
Official Position & Employer	

Name	Telephone Number ()
Official Position & Employer	

Applicant's Certification and Agreement

Please read carefully before signing

I hereby certify that the information provided in this application and any attachment materials included as a part of the application process are true, correct and complete, and that there is no willful misrepresentation, falsification or omission of any information contained in my application materials. I am aware that should investigation disclose any misrepresentation, falsification or omission as stated or implied, such misrepresentation, falsification, or omission constitutes grounds for rejection of my application or immediate dismissal from employment.

I hereby consent to and authorize any of my listed current or former employers to furnish any and all information concerning my employment record. In addition, I consent to and authorize the educational institutions that I attended to furnish any and all information concerning my educational background. 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. I acknowledge that I have read, understand and consent to this authorization. **A photocopy of this release shall have the same effect as the original.**

I understand that should my position have unsupervised access to children under sixteen years of age or developmentally disabled persons I hereby 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, falsification or omission, such misrepresentation, falsification or omission would constitute grounds for rejection of my application or immediate dismissal from employment.

Additionally, I understand that if my materials have been submitted via electronic format (email, fax, on-line, etc.), I will be required to provide an original signature at the time of an offer of employment. I further understand that by submission of any electronic materials I agree to the terms and conditions outlined in this document, and that the electronic submission is as valid as providing an original signature, subject to all terms and conditions as set forth in these documents.

In consideration of employment, I agree to abide by the rules and regulations of Skagit Valley College and the State of Washington and applicable federal law. I understand that no manager, supervisor, representative, or agent of Skagit Valley College, other than the president of the college or his/her designee, has the authority to enter into any agreement with me for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature

Date:



APPLICANT/RECRUITMENT DATA FORM

Your responses to this form will assist us in the evaluation of our recruitment efforts. Skagit Valley College is committed to increasing the diversity of our faculty and staff and we are continually assessing successful recruitment sources and seeking new sources to enhance these efforts. Your response will remain confidential. This form will be removed from your application and will not be forwarded to the screening committee.

Name _____ Social Security Number (Voluntary) - -

Position applying for _____

Address _____

Signature _____

1. Recruitment Referral: Please tell us how you heard about this vacancy

- Newspaper, which one? _____
- Professional/Trade Journal, which one? _____
- Internet Source, which one? _____
- Job Announcement posted by Agency Bulletin Board, which one? _____
- Other Source, which one? _____

2. Skagit Valley College is an equal opportunity employer and provides a drug-free environment. We are committed to providing a workplace in which all individuals can achieve success in a climate of equality and to enhancing the diversity of our faculty, staff, and students. AA/EOC.

Gender: Male Female Date of Birth _____ / _____ / _____

Which race do you consider Yourself to be?

- White (800) Black or African-American (870) Chinese (605)
- Eskimo (935) Aleut (941) Filipino (608)
- Hawaiian (653) Korean (612) Asian Indian (600)
- Vietnamese (619) Japanese (611) Samoan (655)
- Guamanian (660)
- Other Asian or Pacific Islander (please specify) _____
- Native American (Print name of enrolled or principle tribe) _____
- Multi-racial (Please indicate preference from list above for Affirmative Action purposes.) _____

Are you of Spanish/Hispanic Origin (Please check one)

- No, not Spanish/Hispanic (999) Yes, Other Spanish/Hispanic (please specify) _____
- Yes, Puerto Rican (727) Yes, Latino/Latina (720)
- Yes, Mexican, Mexican-American, Chicano (722) Yes, Cuban (709)

Do you have a physical, sensory, or mental disability? (Check those that apply)

- Ambulatory/mobility (1) Visual (2) Hearing (3) Mental/psychological (4) Other (Please specify) (9) _____ None

Veteran Status (Check those that apply)

- Disabled Veteran Vietnam Era (DV) Vietnam Era Veteran (VV) Disabled Veteran Other than Vietnam Era (DO) Campaign Veteran (CV) Disabled Campaign Veteran (DVC)