



Wenatchee Valley College EMPLOYMENT APPLICATION

Human Resources, 1300 Fifth St., Wenatchee, WA 98801-1799
Wenatchee 509-682-6440 - TID/TTD 509-682-6837
Omak 509-422-7800 - TID/TTD 509-422-7802
<http://www.wvc.edu>

Assistance will be made available in the application and pre-employment screening processes for applicants with disabilities who request such assistance in advance.

Original application materials must be in the human resources office by the closing date to be considered.

Instructions: Please answer each question clearly and completely

POSITION:	DATE:
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PERSONAL DATA

Full legal name		
Mailing address		
City	State	Zip
Home phone	Best time to call	
Office phone	Best time to call	
Message phone	Best time to call	
Email address		

- FOR HUMAN RESOURCES USE ONLY**
- Letter of Application
 - Supplemental Exam
 - Resume
 - Transcript(s)
 - References
 - Other

EMPLOYMENT INFORMATION

May we contact all employers/supervisors listed on page 3? <input type="checkbox"/> Yes <input type="checkbox"/> No
List employer(s)/supervisor(s) you do not wish us to contact at this time:
Under what other names would your references and former employers know you?
Are you a citizen or do you have a visa which permits you to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Within the past 10 years, have you been convicted of, or released from prison for any crimes, excluding misdemeanors, summary offenses, parking tickets and traffic citations, which has not been annulled, expunged or sealed by the court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, on a separate piece of paper, give all conviction dates, prison release dates and the nature of the offenses. Criminal history background checks will be conducted where required by law. Please note that a conviction/criminal history record does not necessarily disqualify an individual from employment at Wenatchee Valley College.</p> <p><i>Please note: Proof of citizenship or legal right to work in the U.S. will be required upon hiring.</i></p>

Name _____

Position _____

List subjects you are qualified to teach or other types of work you are qualified to perform:

EDUCATION

Check the following degrees you have earned:

- High School or GED Associate Bachelor's Master's Doctorate

List colleges and business, trade, and other schools you have attended, beginning with the most recent. Attach additional pages if necessary.

Name and location _____

Dates attended: From _____ To _____

Major _____ Degree/certificate received _____

Name and location _____

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Major _____ Degree/certificate received _____

Name and location _____

Dates attended: From _____ To _____

Major _____ Degree/certificate received _____

OTHER TRAINING — SEMINARS, WORKSHOPS and LECTURES (Indicate length of training)

LICENSES/CERTIFICATIONS (If required for position)

List Name, Type, Number, and Issuing State

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LANGUAGES (Bi-lingual)

List languages and indicate fluency (fluent verbally, fluent written, some verbal, some written)

EMPLOYMENT HISTORY

List all employment beginning with most recent. Attach additional pages if necessary. A resume' may be included but it will not substitute for the information asked for on this page.

Company or agency name _____ Phone No. _____
Dates of employment: From _____ To _____
Location _____ Hours per week _____
Supervisor's name and title _____
Your position/title _____
Specific duties _____

Reason for leaving _____

Company or agency name _____ Phone No. _____
Dates of employment: From _____ To _____
Location _____ Hours per week _____
Supervisor's name and title _____
Your position/title _____
Specific duties _____

Reason for leaving _____

Company or agency name _____ Phone No. _____
Dates of employment: From _____ To _____
Location _____ Hours per week _____
Supervisor's name and title _____
Your position/title _____
Specific duties _____

Reason for leaving _____

Company or agency name _____ Phone No. _____
Dates of employment: From _____ To _____
Location _____ Hours per week _____
Supervisor's name and title _____
Your position/title _____
Specific duties _____

Reason for leaving _____

MILITARY HISTORY

Branch of service	Discharge date
Period of active duty (month and year): From	To

REFERENCES

List four individuals who are knowledgeable of your current professional and/or work activities:

Name	Position	Company/Location	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ADDITIONAL COMMENTS

List any additional comments or information you would like us to know relative to this application.

In adherence to provisions of the Immigration Reform and Control Act, Wenatchee Valley College hires only United States citizens and aliens authorized to work in the United States. As a condition of employment, new employees must provide acceptable proof of identity and employment eligibility within three days of initial hire.

The information I have supplied is true and complete without omissions to the best of my knowledge. I understand that false statements on this application may be considered sufficient cause for elimination of my application from consideration, or, if employed, for dismissal. If employment is obtained under this application, I will comply with all rules and regulations of Wenatchee Valley College. I agree to be responsible for any college property and equipment issued to me until returned to the college and agree to pay for any property and equipment which I lose, damage or do not return. I knowingly and voluntarily release all former or current employers, references, and Wenatchee Valley College from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with Wenatchee Valley College (unless I specifically request otherwise). A photocopy, electronic transfer (email) or facsimile of this release shall have the same effect as the original.

Signature of Applicant

Date

Wenatchee Valley College is committed to enhancing the diversity of its workforce.
All qualified applicants are encouraged to apply.

Wenatchee Valley College is an Equal Opportunity Employer.

INFORMATION FOR FEDERAL AND STATE REPORTING PURPOSES

Wenatchee Valley College is required by law to report the composition of its employment force to the government. Your voluntary cooperation is appreciated. The information on this form will be filed separately from your main application form. Safeguards are used to prevent the discriminatory abuse of this information. It will be available only to the person responsible for governmental reporting. Please review the definitions on the reverse side of this page. Wenatchee Valley College is an equal opportunity employer.

NAME: _____ POSITION: _____

GENDER: Male Female BIRTH DATE: _____

Please identify where you learned about this employment opportunity with Wenatchee Valley College:

- Printed Advertisement (please name the publication) _____
- Online Advertisement (please name the source) _____
- Other (please specify source) _____

Which race do you consider yourself?

Please check only one group unless you are of Spanish origin. If you are more than one race, please check "Other Race".

- White (800)
- Black/African-American (870)
- Eskimo (935)
- Indian (American) (597) _____
- Aleut (941)

(Print the name of the enrolled or principal tribe)

Asian or Pacific Islander (API)

- Chinese (605)
- Vietnamese (619)
- Guamanian (660)
- Cambodian (604)
- Other API (please print) _____
- Filipino (608)
- Japanese (611)
- Korean (612)
- Laotian (613)
- Hawaiian (653)
- Asian Indian (600)
- Samoan (655)

- Other Race (please print) _____

Are you Spanish, Hispanic or Latino(a)?

- No (not Spanish/Hispanic/Latino(a)) (999)
- Yes, Mexican, Mexican-American (722)
- Yes, Chicano (705)
- Yes, Cuban (709)
- Yes, Puerto Rican (727)
- Yes, Other Spanish/Hispanic/Latino(a) _____

(Print one group, e.g., Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.)

Disability Status:

Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions, such as working, caring for yourself, walking, doing things with your hands, seeing, hearing, speaking, learning?

- No Yes

Do you have a physical, mental, or other health condition that has lasted six (6) or more months and which limits the kind or amount of work you can do at a job?

- No Yes

Veteran Status:

Have you ever been on active duty in the U.S. Armed Forces?

- No
- Yes Dates: _____
- Vietnam Era Veteran
- Disabled Vietnam Veteran: Percent of disability _____%



Definitions

American Indian or Alaskan Native. A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

Asian or Pacific Islander. A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. For example, China, Japan, Korea, Pakistan, the Philippine Republic and Samoa.

Black/African American. A person with origins in any of the Black racial groups of Africa.

Hispanic. A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not be included in the Hispanic category. This category does not include persons from Portugal, who should be classified as race.

White/Caucasian. A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disabilities. For state reporting purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental or sensory impairment means: (a) any psychological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; or (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

Disabled Veteran. A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam-era Veteran. A person who served on active duty for a period of more than 180 days, any part of which occurred between February 28, 1961, and August 5, 1964, in the case of a veteran that served in the Public of Vietnam, and/or between August 5, 1964, and May 7, 1975, for all other cases, and was discharged or released from duty with other than a dishonorable discharge.