



EMPLOYMENT APPLICATION

Terra Community College is an Equal Opportunity Employer. Applicants are considered on the basis of skills, experience and qualifications without regard to race, age, creed, color, national origin, gender, sexual orientation, marital status or the presence of non-job-related medical disability or any other legally protected status.

Personal Information

Name: (last, first, middle) Today's Date
Address (street) City, State Zip Code
Home Phone Work Phone Cell Phone E-Mail
Previous Address if less than 2 years ago (street) City, State Zip Code

General Information

Position Desired Full-time Part-time Days Evenings
Pay Expected Are you willing to work overtime? Yes No
When will you be able to begin work?
Have you previously been employed by Terra Community College? Yes No
Apart from absences for religious observance, are you available to work full-time? Yes No
Are you willing to travel? Yes No
How did you learn of the position?
Have you ever been convicted of or plead guilty to a misdemeanor or felony, other than minor traffic violations? Yes No if "Yes", explain:

(Convictions do not automatically eliminate applicants from employment with Terra State Community College)

In accordance with the Federal Immigration and Reform Act of 1986, if you are employed by Terra Community College, you will be asked to provide documentation that verifies your legal right to work in the United States. If you cannot provide appropriate documentation, we cannot legally employ you.

Can you provide documentation? Yes No

Are you over 18? Yes No

References - list 3 professional references (no relatives please)

Name: Relationship:
Phone #: Home: Work: Cell:
Name: Relationship:
Phone #: Home: Work: Cell:
Name: Relationship:
Phone #: Home: Work: Cell:

Education

School	Name and location of School	Course of Study	No. of years completed	Did you graduate?	Degree or Diploma
College of highest degree				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College of first degree				Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other				Yes <input type="checkbox"/> No <input type="checkbox"/>	

Licenses/Certifications (please indicate type and expiration date)

Professional License Type	State of Issue	Expiration Date	License Number

Supplemental Information - Use this section to list special skills or qualifications.

Computer Hardware and/or Software Knowledge:

Experience Operating Other Tools and Equipment:

Other Qualifications/Publications/Professional Affiliations:

General Job-Relevant Information:

Employment History

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name: _____ Telephone: _____

Address: _____ Start Employment: _____

Name and title of supervisor: _____ End Employment: _____

Job Title: _____ Beginning Pay: _____

Describe Work done: _____ Ending Pay: _____

Reason for leaving: _____

Company Name: _____ Telephone: _____

Address: _____ Start Employment: _____

Name and title of supervisor: _____ End Employment: _____

Job Title: _____ Beginning Pay: _____

Describe Work done: _____ Ending Pay: _____

Reason for leaving: _____

Company Name: _____ Telephone: _____

Address: _____ Start Employment: _____

Name and title of supervisor: _____ End Employment: _____

Job Title: _____ Beginning Pay: _____

Describe Work done: _____ Ending Pay: _____

Reason for leaving: _____

May we contact employers listed unless you indicate those you do not want us to contact? Yes No

Do not contact: _____ Reason: _____

Military (complete if you served in the armed forces)

Branch of service: _____ Periods of activity To: _____ From: _____

Rank at discharge: _____ Date of Final Discharge: _____

To be read and signed by applicant:

By completing and submitting this application, I:

- ** authorize my prior employers, references and any other individuals contacted by Employer to release any and all information requested and absolve those parties who provide information requested from any and all liability related to their doing so.
- ** acknowledge that any employment offered to me is at the will of the Employer and may be terminated by Employer at any time, with or without cause.
- ** acknowledge that I may be required and agree to submit to a physical examination and testing for drug use as part of Employer's evaluation procedures and authorize release of my results to Employer and Employer's unrestricted use of those results in deciding whether I should be offered employment.
- ** acknowledge and agree that evidence of drug use prior to or during my employment will be grounds for immediate termination without recourse.
- ** certify that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.
- ** certify that this application was completed by me in my own handwriting and acknowledge and agree that providing false, misleading or incomplete statements in this application or in connection with Employer's evaluation of me as a candidate for employment is grounds for immediate termination of my employment, regardless of when such information is discovered.
- ** understand that, if I am offered employment, I will be required to follow and abide by all safety rules plus policies and procedures set forth by Terra Community College.
- ** further understand that no employee of the College has the authority to modify this understanding orally or in writing except with the written permission of the President.
- ** understand that for positions which require driving a College vehicle, I must be insurable with the College's insurance carrier; if at any time I lose this insurability, I may be assigned to a job which does not require driving, I may be demoted, or I could possibly be dismissed from employment at the College.
- ** understand that days, hours, and/or location of a position may be reassigned at the discretion of management.
- ** realize that as a condition of employment, employees are required to have their paychecks directly deposited into a checking or savings account. I agree to provide this account number for deposit purposes.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND EACH AND ALL OF THESE STATEMENTS:

_____ Date

_____ Signature