

**OFFICIAL EMPLOYMENT APPLICATION  
KASKASKIA COLLEGE**

27210 College Road  
Centralia, IL 62801  
www.kaskaskia.edu

The filing of this application does not guarantee employment and it in no way obligates Kaskaskia College. The information contained herein will be considered confidential and is, together with all attached transcripts, resumes, etc., the property of Kaskaskia College. It is the applicant's obligation to answer each question fully, accurately, and honestly.

It is the policy of Kaskaskia College to provide equal employment and educational opportunities for all qualified persons without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, or marital status.

Kaskaskia College is obligated to provide reasonable accommodation to the known disabilities of applicants, unless to do so would pose an undue hardship. Applicants are encouraged to inform the College if they need an accommodation to complete the employment process.

**PLEASE COMPLETE IN BLACK INK OR TYPE.**

**BIOGRAPHICAL DATA**

Last Name: <input type="text"/>	First Name: <input type="text"/>	Middle Name: <input type="text"/>
Address: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Zip: <input type="text"/>
		Telephone Home: <input type="text"/>
		Telephone Work: <input type="text"/>
		Preference for Preliminary contact: <input type="radio"/> H <input checked="" type="radio"/> B

**EDUCATION**

Please list high school and all post-secondary degrees and certificates starting with the most recent. Transcripts are required for course work beyond high school.

Degree/Cert Hours	Major/Minor	Institution	City/State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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## EMPLOYMENT HISTORY

Please list accurately your relevant employment history, including military service. Begin with your present or most recent position. Please include relevant volunteer experience. Use additional sheet(s) if necessary. ALL SECTIONS MUST BE COMPLETED.

May we contact your present employer?  Yes  No

Current Employer:		Position:	
Address:	City:	State:	Zip:
Beginning Date:	Ending Date:	Reason for Leaving:	
Responsibilities:			
Employer:		Position:	
Address:	City:	State:	Zip:
Beginning Date:	Ending Date:	Reason for Leaving:	
Responsibilities:			
Employer:		Position:	
Address:	City:	State:	Zip:
Beginning Date:	Ending Date:	Reason for Leaving:	
Responsibilities:			
Employer:		Position:	

Address:	City:	State:	Zip:
Beginning Date:	Ending Date:		Reason for Leaving:
Responsibilities:			
Employer:		Position:	
Address:	City:	State:	Zip:
Beginning Date:	Ending Date:		Reason for Leaving:
Responsibilities:			

### REFERENCES

Please list three to five references who have first-hand knowledge of your character, scholarship, and ability to perform in the particular position. Include especially superintendents, presidents, deans, division chairpersons, administrators, or other supervisors for whom you have worked recently. Also, list persons who would know of your trade proficiency, as appropriate.

Name/Position	Address/Telephone	May We Contact At this Time?

## PROFESSIONAL CERTIFICATIONS/LICENSES

Please list professional certifications/licenses that are related to the position for which you are applying.

Cert/License Title and Number	Issuing Agency	Exp. Date

Are you eligible to work in the United States?  Yes  No

Have you ever been suspended or discharged from any position?  Yes  No

Have you ever been disciplined or discharged for sexual harassment, fighting, assault, or related offenses?  
 Yes  No

If you answered yes to any of the four questions above, please explain below or on a separate sheet:

I hereby affirm that my answers to the foregoing questions, along with my resume and transcripts are true and correct. I further understand that misrepresentation or omission of facts called for in this application, my resume, transcripts, other College records, or during the interview process may be cause for rejection of my application or immediate discharge if I am hired, regardless of when the misrepresentation or omission is discovered. I voluntarily give Kaskaskia College my permission to conduct a thorough investigation of my background, including criminal records, past employment, education, and other related activities. I also agree to cooperate in such investigation, and release from all liability and/or responsibility Kaskaskia College and all persons, entities, companies, or corporations supplying such information.

I further understand that my employment would be conditioned upon my compliance with applicable provisions of the Immigration Reform and Control Act of 1986. This federal law requires all employers to verify the identity and employment eligibility of every individual hired within three working days of the date of hire.

I understand that it is my responsibility to keep my application materials updated as changes occur.

Signature \_\_\_\_\_

Date:

**EQUAL EMPLOYMENT OPPORTUNITY INFORMATION FORM  
COMPLETION OF THIS FORM IS OPTIONAL**

Kaskaskia College is an equal opportunity employer that is committed to a diverse workforce. To assist the College in working toward this goal, your providing the information below would be helpful. You ARE NOT REQUIRED to provide this information. If you choose not to provide the information, your decision will not affect your application.

The information you provide will be kept confidential, will be maintained separately from your application, and will only be used in accordance with applicable state and federal laws and regulations.

Date:

Social Security Number:

Name:

Job/Position Applied For:

Job Announcement Number:

Gender:  Female  Male

Date of Birth:

Disability:  Yes  No

If yes, please give the nature of the disability:

**RACE/ETHNIC CATEGORIES** (check one)

- WHITE** (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- BLACK** (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
- HISPANIC**: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- ASIAN OR PACIFIC ISLANDER**: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Somoa.
- AMERICAN INDIAN OR ALASKAN NATIVE**: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.