EMPLOYMENT APPLICATION

1801 N KANSAS AVE, PO BOX 1137 LIBERAL KS 67905-1137 (620) 417-1124 Fax

sccc.edu





SEWARD COUNTY COMMUNITY COLLEGE

Please complete application in full and answer all questions completely. Type or print legibly. Indicate N/A if not applicable. Do not indicate "See Resume." A resume is required to provide additional supporting information. Unofficial college transcripts must be received for positions requiring post-secondary education before being considered for employment. Incomplete applications may not be given consideration for employment. Each position requires a separate application and application documents.

PERSONAL INFORMATION

Full Name			_		
Last		First		Middle	
AddressStreet/PO Box		City	State	Zip	
Telephone where you may be con	tacted:				
Home ()	Work or Alternate ()	Fax No. ()	
E-Mail Address		Indicate any other	names under which your	r employment or academic	
records have been filed					
Preferred Name					
POSITION INFORMATION					
Position applied for			_	_	
Types of teaching and or/training	qualified to conduct. (Instru	uctional positions only)			
,, , , , ,		, ,,			
EDUCATION					
High School Diploma or equivalen	t: Yes No If	no, indicate highest grade	completed		
Names of Colleges or Universities	attended (Unofficial college	e transcripts required for a	Il post-secondary educatio	n)	
(List most recent education first)	М	ajor	Minor	Degree Earned	
		-		-	

EMPLOYMENT

Provide complete information for all employment. Begin with present or most recent employment. Attach additional employment history if appropriate. Supplemental sheets are available upon request.

Position:				
	From	То	Immediate Supervisor	Current/Final Salary
Employer Name:				
Address/Phone			()	
Street City	State	Zip	Phone	
Full-time Part-time Duties:				
May we contact your current supervisor?	☐ No			
Reason for Leaving:				
Position:				
Position:	From	To Ir	nmediate Supervisor	Current/Final Salary
Employer Name:				
Address/Phone			()	
Street City	State	Zip	Phone	
Full-time Part-time Duties:				
Reason for Leaving:				
Position:				
Position:	From	To I	mmediate Supervisor	Current/Final Salary
Employer Name:				
Address/Phone			()	
Street City	State	Zip	Phone	
☐ Full-time ☐ Part-time Duties:				
Reason for Leaving:				
Neuson for Leaving.				
Position:	From	To I	mmediate Supervisor	Current/Final Salary
Employer Name:				
			,	
Address/PhoneStreet City	State	Zip	Phone	
Full-time Part-time Duties:				
Reason for Leaving:				

Please explain any br	eaks or periods of une	employment in your em	ployment history:			
From	To	Reason				
From	To	Reason				
From	To	Reason				
From	To	Reason				
From	To	Reason				
GENERAL INFORM	MATION					
How did you become	aware of this position	n?				
*As require the United	States. All new emplo	rard County Community byees will be required to	College will hire or complete an "Emp	No nly United States citizens and ali ployment Eligibility Verifications anor criminal offense(s), excludi	" (Form I-9).	
				natically disqualify you from em		
	, ,,	, , , , ,		, , ,,	, ,	
					_	
		spended or restricted fo		matically disqualify you from en	nployment.)	
REFERENCES (Do not include imme	ediate supervisors list	ed in EMPLOYMENT sec	ction.)			
Name		Title		Organization		
Address () Phone			City	State	Zip	
HOHE						

Name	Title		Organization	_
Address		City	State	Zip
()				
Phone				
Name	Title		Organization	
Address		City	State	Zip
() Phone				
THORE				
Information provided on this application consideration as part of an application for not be submitted instead of this applicati	employment are not returnabl	e. A resume or other	appropriate materials may be include	d with the application but may
Non-Discrimination Notice: Applicants fo are all unions or professional organization notified that this institution does not distreatment or employment in, its programates regulations implementing Title VI, Title IX 1016, fax number (620) 417-1089, celeste	ons holding collective bargaining criminate on the basis of race, and activities. Any person hard, or Section 504 is directed to compare the contract of the c	ng or professional a religion, color, nation naving inquiries conc contact Ms. Celeste I	greements with Seward County Comr nal origin, gender, age or disability in erning Seward County Community Co Donovan, PO Box 1137, 1801 N Kansas	munity College are hereby admission or access to, or llege's compliance with the
Ms. Donovan has been designated by Se Fitle VI, Title IX, and Section 504. Any per compliance with the regulations impleme	son may also contact the Assist	ant Secretary for Civi		= -
APPLICANT CERTIFICATION AI	ND RELEASE AUTHORIZ	ZATION (Please rea	ad and sign)	
I hereby certify that all information provious and I have not knowingly withheld any factor for my schools, former or current employ contacted by the College to disclose fully employment.	et or circumstance. By signing beers or other reference needed	elow, I authorize the to provide applicable	representatives of Seward County Come information to the position sought. I	nmunity College to contact any authorize any and all persons
understand that if employed, any misre cause for dismissal. This application does any contractual obligation of any kind for College and applicable local, state and fec	not bind me or the College for a either party. If employed, I ag	ny specific period of e ree to comply with a	employment and I understand that not II policies procedures and regulations	thing in this application creates
acknowledge that Seward County Common its employees or applicants for employ	, ,	to conduct backgrou	nd checks, drug screens and such other	r testing, including psychological
"Under the Uniform Electronic Trar to submit your Employment Application F submission shall be given the same legal o	orm electronically, check this bo	ox and then sign and	ent electronically may be considered ar date below. In so doing, you are hereb	
Date	Signature of Applicant			
	Print Appli	ication Clear A	Application	