

Montcalm Community College

2800 College Drive, S.W.

Sidney, Michigan 48885-9723

989-328-2111

Fax: 989/328-2950

Application for Employment

Pursuant to legal requirements, all qualified applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, height, weight, legal alien status, non-disqualifying disability or any other protected characteristic.

(Please print or type) Date of Application _____ This application will remain active for a period of 60 days.

PERSONAL

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone (_____) _____ (_____) _____
Home Work or Other

Please identify best time to call _____ E-mail: _____

Are you legally eligible for employment in the U.S.? _____ Yes _____ No

Proof of citizenship or immigration status will be required upon employment.

Have you ever been convicted of or plead guilty to a crime? _____ If so, please list the date, court and offense for each.
Conviction will not necessarily disqualify an applicant from employment. _____

Have you ever been disciplined, discharged or resigned to avoid discharge? _____ If so, please explain the circumstances, the employer, date and form of discipline.

POSITION applying for _____ Full-time _____ Part-time _____

Are you currently qualified to perform, with or without accommodation, the essential duties of this position? ___Yes ___No
(If you are uncertain about the specific duties of this position, please request a job description prior to completing and submitting this application.)
If you need accommodation for a physical or mental disability in order to perform the job, you must notify us in writing within 182 days after you know or should have known of this need, or you may lose certain rights under the Michigan Persons with Disabilities Civil Rights Act.

When would you be available for a personal interview? _____

When will you be available to begin work? _____

Are you currently employed? _____ If so, where? _____

Current position title _____ Are you on lay-off or subject to recall? _____

Have you ever been employed at this college? _____ If so, when? _____

Do you have any relatives who work at MCC? _____ If, so please list. _____

EDUCATION

	Institution	Credits Earned	Certificate, Diploma or Degree Received
Secondary			
College, University or specialized school			
Graduate Work			

Instructional Applicants Only -- List subject(s) you can teach in order of preference: _____

Are you certified or certifiable to teach vocational courses? Yes No

Do you have a National Career Readiness Certificate: Yes No

ACADEMIC SPECIALIZATION

Undergraduate: Major fields of study _____

Minor fields of study _____

Graduate: Major fields of study _____

Other fields of advanced study _____

Thesis subject: M.A. _____

Ph.D. _____

CONTINUING EDUCATION

(Education not included in the above [credit or non-credit] for the purpose of keeping current in the field)

Professional Certificates or Licenses

Conferred by

Dates

Professional Certificates or Licenses	Conferred by	Dates

Why do you desire to be employed by Montcalm Community College?

REFERENCES: *(use only living persons)*

BUSINESS/PROFESSIONAL: List names, addresses and telephone numbers of persons under whom you have worked.
Do not omit the most recent.

1. _____
2. _____
3. _____
4. _____
5. _____

The facts set forth above in my application for employment are true and complete. I understand and agree that any false or misleading statements or omissions in this application shall be grounds for rejection or dismissal. I authorize Montcalm Community College to use its personnel or any investigative agency to investigate my personal and employment history, education and criminal conviction record. I also authorize all my employers and former employers, references, credit reporting agencies/bureaus, educational institutions and any other persons contacted by Montcalm Community College representatives to provide Montcalm Community College with all records and information relevant to my employment application with the College, including any disciplinary records, and waive any right to notice of such disclosure; and I release all parties who receive or provide such records or information from all liabilities arising from such disclosures. Applicants offered employment may be required to undergo a medical examination prior to starting work, which may include alcohol and/or drug testing. All employees are hired at-will and may be released without cause or notice, except as specifically modified by a written and signed contract or bargaining agreement.

Please use additional paper, if necessary, to respond completely to any question.

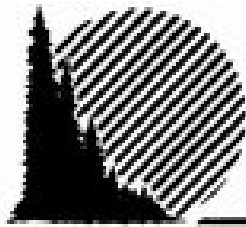
Failure to complete any portion of the application or to sign the application will result in rejection of the application.

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Signature of Applicant

SUBMIT THE COMPLETED APPLICATION FORM TO:

Anne Hertz-McCoy, Personnel & Benefits Manager, Montcalm Community College, 2800 College Drive, Sidney, MI 48885
Telephone: 989/328-1249 Fax: 989/328-2950-fax Email: annem@montcalm.edu Website: www.montcalm.edu

An Equal Opportunity Employer



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APPLICANT DATA RECORD

Applicants are considered for positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, height, weight, legal alien status, non-disqualifying disability or any other protected characteristic..

As employers/government contractors, we comply with government regulations and EEO responsibilities.

Solely to help us comply with government record keeping, reporting, and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept separate from the Application for Employment. Data provided on this form will in no way impact hiring or other employment decisions by the College.

Please print or type

Position Applied For: _____ Date _____

Referral Source: _____Advertisement _____Friend _____Relative _____Walk-in _____Website

Name of Advertisement: _____

Last Name First Middle Phone

Street Address

City, State, Zip

SURVEY

Government agencies require periodic reports on the gender, ethnicity, disability and veteran status of applicants. This data is for analysis and EEO only. Submission of this information is VOLUNTARY.

Gender: _____Male _____Female

Race/Ethnic Group: _____Caucasian _____Black _____Hispanic

_____American Indian/Alaskan Native _____Asian/Pacific Islander

Check if any of the following are applicable: _____Disability _____ Vietnam Era Veteran _____Disabled Veteran