

# EMPLOYMENT APPLICATION

1801 N KANSAS AVE, PO BOX 1137

LIBERAL KS 67905-1137

800-373-9951 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

Address \_\_\_\_\_  
Street/PO Box City State Zip

Telephone where you may be contacted:

Home (\_\_\_\_\_) \_\_\_\_\_ Work or Alternate (\_\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Indicate any other names under which your employment or academic records have been filed. \_\_\_\_\_

Preferred Name \_\_\_\_\_

### POSITION INFORMATION

Position applied for \_\_\_\_\_

Types of teaching and or/training qualified to conduct. (Instructional positions only)

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

### EDUCATION

High School Diploma or equivalent: ☐ Yes ☐ No If no, indicate highest grade completed \_\_\_\_\_

Names of Colleges or Universities attended (Unofficial college transcripts required for all post-secondary education)

| (List most recent education first) | Major | 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 | To | 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? ☐ Yes ☐ No

Reason for Leaving: \_\_\_\_\_

|                 |      |    |                      |                      |
|-----------------|------|----|----------------------|----------------------|
| Position: _____ | From | To | Immediate Supervisor | Current/Final Salary |
|-----------------|------|----|----------------------|----------------------|

Employer Name: \_\_\_\_\_

Address/Phone \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Street City State Zip Phone

☐ Full-time ☐ Part-time Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

|                 |      |    |                      |                      |
|-----------------|------|----|----------------------|----------------------|
| Position: _____ | From | To | Immediate Supervisor | Current/Final Salary |
|-----------------|------|----|----------------------|----------------------|

Employer Name: \_\_\_\_\_

Address/Phone \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Street City State Zip Phone

☐ Full-time ☐ Part-time Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

|                 |      |    |                      |                      |
|-----------------|------|----|----------------------|----------------------|
| Position: _____ | From | To | Immediate Supervisor | Current/Final Salary |
|-----------------|------|----|----------------------|----------------------|

Employer Name: \_\_\_\_\_

Address/Phone \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Street City State Zip Phone

☐ Full-time ☐ Part-time Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Please explain any breaks or periods of unemployment in your employment history:

From \_\_\_\_\_ To \_\_\_\_\_ Reason \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason \_\_\_\_\_

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## GENERAL INFORMATION

How did you become aware of this position? \_\_\_\_\_

Are you legally authorized to work in the United States? \* ☐ Yes ☐ No

\*As required by federal law, Seward County Community College will hire only United States citizens and aliens authorized to work in the United States. All new employees will be required to complete an "Employment Eligibility Verifications" (Form I-9).

Seward County Community College regrets that it is unable to sponsor employment Visas or consider individuals on time-limited Visa status.

Have you ever been convicted of, or pleaded "no contest" to, any felony or misdemeanor criminal offense(s), excluding traffic offenses?

☐ Yes ☐ No If yes, please briefly explain. (A "yes" response will not automatically disqualify you from employment.) \_\_\_\_\_

Have you ever had your driver's license suspended or restricted for any reason?

☐ Yes ☐ No If yes, please briefly explain. (A "yes" response will not automatically disqualify you from employment.) \_\_\_\_\_

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## REFERENCES

(Do not include immediate supervisors listed in EMPLOYMENT section.)

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|         |       |              |
|---------|-------|--------------|
| Name    | Title | Organization |
| Address | City  | State Zip    |
| ( )     |       |              |
| Phone   |       |              |

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|      |       |              |
|------|-------|--------------|
| Name | Title | Organization |
|------|-------|--------------|

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|         |      |       |     |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

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Phone

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|      |       |              |
|------|-------|--------------|
| Name | Title | Organization |
|------|-------|--------------|

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|         |      |       |     |
|---------|------|-------|-----|
| Address | City | State | Zip |
|---------|------|-------|-----|

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Phone

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Information provided on this application will become a part of your permanent personnel record if you are employed by the College. Materials submitted for consideration as part of an application for employment are not returnable. A resume or other appropriate materials may be included with the application but may not be submitted instead of this application. Copies of all post-secondary college transcripts will be required as a part of the application.

**Non-Discrimination Notice:** Applicants for admission and employment, students, employees, sources of referral of applicants for admission and employment, are all unions or professional organizations holding collective bargaining or professional agreements with Seward County Community College are hereby notified that this institution does not discriminate on the basis of race, religion, color, national origin, gender, age or disability in admission or access to, or treatment or employment in, its programs and activities. Any person having inquiries concerning Seward County Community College's compliance with the regulations implementing Title VI, Title IX, or Section 504 is directed to contact Mr Dennis M. Sander, PO Box 1137, 1801 N Kansas Ave, Liberal, KS. (620) 417-1018, fax number (620) 417-1089, [dennis.sander@sccc.edu](mailto:dennis.sander@sccc.edu). Office located in the Hobbie Academic Building, Room A116. Mr. Sander has been designated by Seward County Community College to coordinate the institution's efforts to comply with the regulations implementing Title VI, Title IX, and Section 504. Any person may also contact the Assistant Secretary for Civil Rights, U.S. Department of Education, regarding the institution's compliance with the regulations implementing Title VI, Title IX, or Section 504.

#### **APPLICANT CERTIFICATION AND RELEASE AUTHORIZATION** (Please read and sign)

I hereby certify that all information provided on or in connection with this application and attachments thereto is true and complete to the best of my knowledge and I have not knowingly withheld any fact or circumstance. By signing below, I authorize the representatives of Seward County Community College to contact any of my schools, former or current employers or other reference needed to provide applicable information to the position sought. I authorize any and all persons contacted by the College to disclose fully all information available to such persons, whether on record or not, which may have a bearing on my application or my employment.

I understand that if employed, any misrepresentation of the facts as stated or implied on this application form or requested supporting documents is sufficient cause for dismissal. This application does not bind me or the College for any specific period of employment and I understand that nothing in this application creates any contractual obligation of any kind for either party. If employed, I agree to comply with all policies procedures and regulations of Seward County Community College and applicable local, state and federal laws as currently exist or may exist in the future.

I acknowledge that Seward County Community College reserves the right to conduct background checks, drug screens and such other testing, including psychological, on its employees or applicants for employment.

☐ "Under the Uniform Electronic Transactions Act (K.S.A. 16-1601 et seq.), a document sent electronically may be considered an electronic record. If you wish to submit your Employment Application Form electronically, check this box and then sign and date below. In so doing, you are hereby certifying that this electronic submission shall be given the same legal effect as a handwritten signature."

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|      |                        |
|------|------------------------|
| Date | Signature of Applicant |
|------|------------------------|