



ROCKY
MOUNTAIN
COLLEGE

EMPLOYMENT APPLICATION-FACULTY

An Equal Opportunity/Affirmative Action Employer

PLEASE READ THE FOLLOWING BEFORE FILLING OUT THIS FORM.

Affirmative Action and Equal Employment Opportunity have been and will continue to be fundamental principles at Rocky Mountain College where employment is based upon personal capabilities and qualifications without discrimination because of race, color, religion, sex (including pregnancy and gender identity), sexual orientation, age, national origin, disability, marital status, or any other protected characteristics as established by law. No question on this application is intended to secure information to be used for such discrimination.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

This application will be considered only for the position for which you are applying. If you are not offered employment and still wish to be considered for employment with Rocky Mountain College, it will be necessary for you to reapply when a position becomes available for which you are qualified.

Please print and complete all questions. This application will not be considered if questions are left unanswered, or it is not signed and dated. Attach additional paper if allotted space is not sufficient.

Please type or print clearly in blue or black ink.

Full Name (Last) _____ (First) _____ (MI) _____ Date _____

GENERAL INFORMATION

Home Address _____

Telephone Number _____

City _____ State _____ Zip _____

Cell or Mobile Number _____

Email Address _____

Are you legally eligible to work in the U.S. Yes No
(Verification will required if hired) If yes, dates of eligibility
from _____ to _____

Position Desired: _____

Have you worked for RMC previously? Yes No

Salary desired for this position \$ _____

If yes, dates of employment _____

If employed in this position, would you be in a supervisory relationship to any relative or member of your household?
 Yes No If yes, how?

How did you learn about this position? Please explain where applicable.

- Newspaper Advertisement
- Announcement Flyer
- Professional Journal
- The Chronicle of Higher Education
- Invited to apply by:
- Other

Give the names of three (3) personal references who are not relatives or previous employers.

Name	Address, City, State, Zip	Occupation	Phone Number

Give the names of three (3) professional references who are not relatives or previous employers.

Name	Address, City, State, Zip	Occupation	Phone Number

APPLICANT CERTIFICATION
READ CAREFULLY BEFORE SIGNING

I certify that the information in this application is true and complete. Any false statements, concealment or omissions are grounds for refusal to hire or immediate dismissal if hired.

I understand that employment, if offered, is contingent upon my providing additional information for employee record purposes and also upon my providing proof of identity and employment eligibility and completing a Form I-9. I will abide by and conform to all College policies, rules, and procedures as may be in effect from time to time.

I acknowledge that I have read the above, understand its content and meaning, and agree to all of its provisions.

Applicant's Signature

Date

Rocky Mountain College
Human Resources Office
1511 Poly Drive
Billings, Montana 59102
Toll Free: 1.800.877.6259
Phone: 406.657.1043
Fax: 406.238.7262
Email: jobs@rocky.edu
www.rocky.edu

**VOLUNTARY and CONFIDENTIAL EQUAL EMPLOYMENT
OPPORTUNITY (EEO) QUESTIONNAIRE**
(This information is for record-keeping and for Federal & State



**ROCKY
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NAME: _____ **PHONE:** _____
DATE: _____

As an Equal Opportunity Employer, Rocky Mountain College is required to report the composition of its workforce to state and federal governments. The information on this form will be filed separately and will not be used to make a decision about your employment. It will be available only to the person responsible for government reporting or for affirmative action reasons and safeguards will be used to prevent the discriminatory abuse of this information. Your voluntary cooperation is appreciated.

/GENERAL INFORMATION: *(Please enter the requested information and/or check the box beside the appropriate designation)*

Birth Date: *(mm/dd/yr)* _____/_____/_____
Gender: *(Please check the box)* Male Female

ETHNIC BACKGROUND: *(Please check the box beside the ethnic group with which you most identify in custom and communication)*

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North America.
- Black or African American:** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian:** A person having origins in any of the original peoples of the far East, Southeast Asia, or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment.
- Two or more Races:** All persons who identify with more than one of the above five races.

IMMIGRATION STATUS: *(Please check if applicable)*

- Nonresident Alien:** A person who is not a citizen or national of the United States and who is in this country on a visa or temporary basis and does not have the right to remain permanently.

VETERAN STATUS: *(Please check if applicable)*

- Vietnam Era (August 5, 1964 – May 7, 1976) Other than Vietnam Status Spouse of deceased veteran
- Disabled Vietnam Veteran Disabled veteran (other than Vietnam)

Dates of Service: From: _____ To: _____
Total Active Service Time: Years: _____ Months: _____ Days: _____

DISABLED STATUS: *(Please check yes or no for each area)*

- YES NO Do you have physical, sensory or medical impairment which substantially limits one or more life activities (e.g. walking, seeing, hearing, breathing, and learning)?
- YES NO Do you have a physical, mental or other health condition that has lasted for six months or more and which limits the kind of or amount of work you can do at a job?

