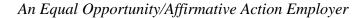
EMPLOYMENT APPLICATION-STAFF





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, 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 or you to reapply when a position becomes available for which you are qualified.

ıll Name (Last)	(First)	(MI)	Date
	GE	NERAL INFOR	RMATION
Home Address		Te	lephone Number
City	State Zip	— Ce	Il Phone Number
Email Address		(V	e you legally eligible to work in the U.S. \(\simeg\) Yes \(\simeg\) No erification will be required) If yes, and you are NOT rrently a US Citizen please list your dates of eligibility:
Position Desired		fro	om to
Salary desired for this position \$		На	we you worked for RMC previously? □Yes □No
	n, would you be in a supervisory or member of your household?		yes, dates of employment
□Yes □No If yes, how?		If	ave you ever been convicted of a felony? \(\text{Yes} \) \(\text{No} \) yes, explain with date, location, and offense. A "yes" does not equalify you from employment; all circumstances will be considered.

EDUCATION

EMPLOYMENT

Please list the last five positions held, starting with the most current position. If more space is needed, please attach additional paper to the application form. **DO NOT WRITE "SEE RESUME." IF YOU HAVE A RESUME, PLEASE ATTACH IT IN ADDITION TO COMPLETING THIS SECTION.**

From: Mo/Yr	To: Mo/Yr	Employer	Position Held/ Duties	
	<u> </u>			
Current/Last Rate of Pay:		Reason for leaving:		
From: Mo/Yr	To: Mo/Yr	Employer	Position Held/ Duties	
Current/Last Rate of Pay:		Reason for leaving:		
From: Mo/Yr	To: Mo/Yr	Employer	Position Held/ Duties	
Current/Last Rate of Pay:		Reason for leaving:		
From: Mo/Yr	To: Mo/Yr	Employer	Position Held/ Duties	
Current/Last Rate of Pay:		Reason for leaving:		
From: Mo/Yr	To: Mo/Yr	Employer	Position Held/ Duties	
110111. 1110/ 11	10.100/11	Zimproyer	Toblion Heig Builes	
Current/Last Ra	ate of Pay:	Reason for leaving:		
If there are any	pariods upagas	unted for, please explain.		
if there are any	perious unacco	unted for, please explain.		

PERSONAL REFERENCES Give the names of three (3) personal references who are not relatives or previous employers. Address, City, State, Zip Occupation Phone/Cell Number Name SKILLS Indicate any experience and/or training you have received that relates to the position for which you are applying in the appropriate Administrative Skills Maintenance Skills Number of years experience: Number of years experience: Typing (wpm____) Welding Word Processing (application) ____ Painting/Carpenter ____ Plumbing ____ Power Tools (specify) ____ Spreadsheet (application) Blue Print Reading Lawn Equipment Custodial Telephone Systems Database (application) _ Other (specify) __ Other (application) Calculator Accounting/Bookkeeping/Payroll Other (specify) Describe other special skills or experience that you have not noted in other parts of this application, but feel would help you in this position. Examples include: military service, volunteer programs, etc. Please list any special certifications, licenses, etc. that you possess that relate to this position.

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 authorize schools, former employers, former supervisors and co-workers to provide any and all information pertinent to my being considered for employment and hereby release those providing such information from any liability for doing so.

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 understand that if I am hired, the length of my employment is not guaranteed. Recognizing that I will be free to voluntarily terminate my employment at any time, with or without cause, I acknowledge that my employment can be modified or terminated with or without cause and with or without notice during the probationary period, and at any time for cause and that, if employed, employment does not constitute a contract of employment between myself and the College. I understand that no manager or representative of the College, other than the President, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, either prior to employment or after I have become employed. 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 ab	nd agree to all of its provisions.	
Applicant's Signature		Date
	Rocky Mountain College	
	Human Resources Office	

Billings, Montana 59102 Toll Free: 1.800.877.6259 Phone: 406.657.1160 Fax: 406.238.7262 Email: jobs@rocky.edu

1511 Poly Drive

www.rocky.edu

VOLUNTARY and CONFIDENTIAL EQUAL EMPLOYMENT OPPORTUNITY (EEO) QUESTIONNAIRE

(This information is for record-keeping and for Federal & State reporting purposes only.)



	ion about your employment. It will be avail	tion of its work force to state and federal governments. The information on this form will be able only to the person responsible for government reporting or for affirmative action our voluntary cooperation is appreciated.
GENERAL INFORMATION: (Please enter the Birth Date: (mm/dd/yr)///		
ETHNIC BACKGROUND: (Please check th	A person of Cuban, Mexican, Pue	most identify in custom and communication) erto Rican, South or Central American or other Spanish culture or
 □ White (Not Hispanic or Latino): □ Black or African American: □ Native Hawaiian or Other Pacific Island 	A person having origins in any of	the original peoples of Europe, the Middle East or North America. the black racial groups of Africa. the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
□ Asian:	A person having origins in any of Indian Subcontinent, incl the Philippine Islands, Th	the original peoples of the far East, Southeast Asia, or the uding Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, ailand and Vietnam.
☐ American Indian or Alaska Native:☐ Two or more Races:	Central America, and w	the original peoples of North and South America, including ho maintain tribal affiliation or community attachment. re than one of the above five races.
IMMIGRATION STATUS: (Please check if ap □ Nonresident Alien	A person who is not a citizen or na	national of the United States and who is in this country on a visa or temporary ne right to remain permanently.
		er than Vietnam)
DISABLED STATUS: (Please check yes or no formula YES ☐ NO Do you have physical, sensory or no YES ☐ NO Do you have a physical, mental or or no I prefer not to complete this form.	nedical impairment which substantially limits	one or more life activities (e.g. walking, seeing, hearing, breathing, learning)? onths or more and which limits the kind of or amount of work you can do at a job?