

# EMPLOYMENT APPLICATION-STAFF

*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 authorized to work in the United States?

☐ Yes ☐ No *\*If non-citizen, dates of eligibility*  
from \_\_\_\_\_ to \_\_\_\_\_

Position Desired

Have you worked for RMC previously?

☐ Yes ☐ No *\*If yes, dates of employment*  
from \_\_\_\_\_ to \_\_\_\_\_

Desired Salary

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?*

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B)?

☐ Yes ☐ No

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: \_\_\_\_\_

## EDUCATION

HIGH SCHOOL:				
ADDRESS:				
HIGHEST GRADE COMPLETED:	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12

UNDERGRADUATE SCHOOL:			
ADDRESS:			
MAJOR:		YEARS COMPLETED:	

GRADUATE SCHOOL:			
ADDRESS:			
MAJOR:		YEARS COMPLETED:	

## PROFESSIONAL REFERENCES

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

NAME:			
OCCUPATION:		ORGANIZATION:	
ADDRESS:			
PHONE NUMBER:		EMAIL:	

NAME:			
OCCUPATION:		ORGANIZATION:	
ADDRESS:			
PHONE NUMBER:		EMAIL:	

NAME:			
OCCUPATION:		ORGANIZATION:	
ADDRESS:			
PHONE NUMBER:		EMAIL:	

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:					
CURRENT/LAST RATE OF PAY:					
REASON FOR LEAVING:					

FROM: MO/YR		TO: MO/YR		EMPLOYER:	
POSITION HELD/ DUTIES:					
CURRENT/LAST RATE OF PAY:					
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FROM: MO/YR		TO: MO/YR		EMPLOYER:	
POSITION HELD/ DUTIES:					
CURRENT/LAST RATE OF PAY:					
REASON FOR LEAVING:					

## EMPLOYMENT CONT.

FROM: MO/YR		TO: MO/YR		EMPLOYER:	
POSITION HELD/ DUTIES:					
CURRENT/LAST RATE OF PAY:					
REASON FOR LEAVING:					

IF THERE ARE ANY PERIODS UNACCOUNTED FOR, PLEASE EXPLAIN

## 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

