

IOWA LAKES COMMUNITY COLLEGE

EMPLOYMENT APPLICATION

Iowa Lakes Community College provides equal employment opportunity to all employees and applicants for employment without regard to race, color, national origin, creed, religion, sex, age or disability or disabled veteran or Vietnam-era veteran status. Employees or applicants who believe they have been discriminated against may file a complaint through the College discrimination complaint procedure. Complaint procedures may be obtained from the Human Resources Office.

Print or Type
Last Name First Name Middle initial Social Security Number
Number and Street Address City State Zip Code
Telephone Number: EMAIL
POSITION FOR WHICH YOU ARE APPLYING: Date Available
From what source did you hear about this vacancy?

PLEASE NOTE....

The information you provide on this application will be used to evaluate your qualifications. Please be accurate and as specific as possible. Insufficient information may result in the elimination of your application from further consideration. A resume may be submitted in addition to but not in lieu of any part of this application form. A separate application is required for each position for which you wish to apply. Copies are acceptable. If position qualifications include a postsecondary education requirement, college transcripts are required. Unofficial copies may be submitted initially, but official copies must be received before an employment recommendation can be made.

PERSONAL INFORMATION

- 1. Are you legally eligible to work in the United States? YES NO
2. Have you ever been convicted of a felony? If yes, please explain: YES NO
3. Military service Yes No Branch of service Date: from to
4. Have you ever been involuntarily terminated from any previous position? If yes, please explain. YES NO

LICENSES AND CERTIFICATES

- 1. If required by this position, do you have a valid Iowa Driver's License? YES NO
2. Do you have an Iowa postsecondary teaching license? YES NO
If yes, what subjects are you licensed to teach?
If you have an administrative license, list your endorsements.

**EMPLOYMENT HISTORY**

List your work experience below, starting with your most recent, and give a complete accounting of your employment history. You may include applicable military and volunteer experience. Do not include experience gained as part of an educational program for which you received credit. If you held more than one job with an employer, list each job separately. Attach a separate sheet if additional space is needed. If there is any additional information you would like to have considered, or if you need to account for any gaps in your employment history, please do so in a cover letter and include it with this application.

Employer	Address		FROM: _____ Month Day Year TO: _____ Month Day Year Average number of hours worked per week: _____
Name & Title of Supervisor		Telephone	
Your Title	Final Salary	Reason for Leaving	
Job Duties			

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Employer		Address		FROM:
Name & Title of Supervisor		Telephone		_____
Your Title		Final Salary	Reason for Leaving	Month Day Year
Job Duties				TO:
				_____
				Month Day Year
				Average number of hours worked per week.

Employer		Address		FROM:
Name & Title of Supervisor		Telephone		_____
Your Title		Final Salary	Reason for Leaving	Month Day Year
Job Duties				TO:
				_____
				Month Day Year
				Average number of hours worked per week.

**EDUCATION**

Elementary/Secondary (Circle highest grade completed):		1	2	3	4	5	6	7	8	9	10	11	12
High School Graduate or GED?		<input type="checkbox"/> YES		<input type="checkbox"/> NO									
Schools Attended Beyond High School (Names and Locations)	Dates Attended		Credits Earned*	Field of Study	Degree or Certificate								
	From	To											
*Enter number of credits and indicate if Semester (S) or Quarter (Q) and Undergraduate (U) or Graduate (G).													
If you are currently working toward a degree, list the degree and the anticipated completion date:													
OTHER COURSES TAKEN OR TRAINING/INSTITUTES ATTENDED:													
Positions requiring secretarial or technical skills, list specific computer software experience and/or knowledge.													

**EMPLOYMENT REFERENCES**

List three employment references who have knowledge of your qualifications for this position. Do not list relatives.

NAME	TELEPHONE	TITLE/OCCUPATION

The College may contact references other than those listed above. If you do not want your current employer contacted unless you are one of the final candidates for this position, please check here.  If you do not want an employer contacted under any circumstances, list the employer's name(s) below. Please understand that this may affect your consideration for the position.

The College is required to maintain a security report in accordance with 34 CFR Part 668 regarding crimes on campus. This report is available through the address listed for the Human Resources Office.

**Please Read Carefully and Sign Below...**

I certify that the information provided by me in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or omission may be grounds for rejection of my application for current and future employment or for termination, if I have been employed.

I acknowledge that it is the responsibility of the College to hire qualified applicants, and that it is the responsibility of the College to make inquiries as the College, in its discretion, deems relevant to assess work performance. I authorize the College, or its agents, to contact references, to investigate my background, and to make such other inquiries as the College deems relevant to assess my qualifications for the position for which I am applying. I release all parties from any liability for such disclosure and I understand that the information disclosed will not be released to me.

Finally, I understand that nothing in this application is intended to create an employment contract and that a job offer is not final until authorized by the President of Iowa Lakes Community College and, if required, by the Board of Trustees.

Failure to sign and date this form will invalidate your application.



\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

RETURN APPLICATION TO:

Iowa Lakes Community College  
Human Resources Office  
19 South 7<sup>th</sup> Street  
Estherville, IA 51334  
(712) 362-0409

**Iowa Lakes Community College will only accept applications for posted positions**

*Iowa Lakes Community College is located in the northwest corner of Iowa with campuses/centers in Estherville, Emmetsburg, Algona, Spencer and Spirit Lake. The College offers liberal arts/college transfer degrees, technical training or vocational diplomas and extensive continuing education offerings. **The mission of the College is to provide opportunities for quality lifelong learning and promote economic development for its communities.***

**Iowa Lakes Community College is an Equal Opportunity Employer**

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APPLICANT CONFIDENTIAL INFORMATION

Not for interview purposes. To be filed separately from application materials.

Applicants are considered for employment and employees are treated without regard to race, color, religion, sex national origin, age, marital or veteran status, medical condition or disability.

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

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Confidential Information Form. We appreciate your cooperation. This data is for periodic government reporting and will be kept in a confidential file separate from the Employment Application.

(PLEASE PRINT)

DATE: \_\_\_\_\_

Positions(s) Applied For: \_\_\_\_\_

Referral Source: [ ] Advertisement [ ] Friend [ ] Relative
[ ] Walk-in [ ] Employment Agency [ ] Other
[ ] Iowa Lakes Employee

NAME: Last First Middle PHONE: \_\_\_\_\_

ADDRESS: Street City State Zip

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a disability is voluntary.

Check one: [ ] Female [ ] Male

Check one of the following:

Race/Ethnic Group: [ ] White (not of Hispanic origin) [ ] Black (not of Hispanic origin)
[ ] American Indian/Alaskan Native [ ] Asian/Pacific Islander
[ ] Hispanic [ ] Other (please specify) \_\_\_\_\_

Disabled: [ ] Yes [ ] No

Veteran (any era): [ ] Yes [ ] No