

APPLICATION



Administrative or Exempt Positions

Please complete this form fully to ensure that the committee will have sufficient information to evaluate your application. Your application will not be considered if it is not fully completed.

Name (Last, First, Middle Initial)		Email (optional)	
Mailing Address (Include apartment number if any)		Home Phone (include area code)	
City	State	Zip Code	Work Phone or Message Phone

POSITION APPLYING FOR:	Type of Employment wanted: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Availability Date:	Type of Application: <input type="checkbox"/> New Employment <input type="checkbox"/> Promotion <input type="checkbox"/> Transfer

Are you currently employed by another Washington State agency or State higher education institution or related board?
 Yes No
If yes, which agency/institution? _____

Are you a retiree from one of the Washington Public Employees Retirement Systems? Yes No

If yes, check the appropriate box and indicate date of retirement.

PERS 1 _____ TRS 1 _____ PERS 2 _____ TRS 2 _____

The college considers applicants without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status.

BACKGROUND INFORMATION

Are you able to perform, with or without reasonable accommodation, the essential functions of the job for which you are applying? Yes No If no, please explain: _____

Are you eligible for lawful employment in the U.S.? Yes No

Have you been convicted of a crime or released from prison within the last 7 years? Yes No

If yes, indicate all convictions. (*Please note: A conviction will not necessarily disqualify you for employment.*)

EDUCATIONAL TRAINING

Including all colleges, universities and special schools attended chronologically:

School Name and Location	Month and Year Attended				Major	Type of Degree Earned	Year Degree Earned
	From	MM / YY	To	MM / YY			
	From		To				
	From		To				
	From		To				
	From		To				
	From		To				

Other Training

Name of Institution and Location	Course Title/Subject	Length of Course (Number of hours/days/quarters)

Professional Enrichment

List professional trade, business or civic activities and offices held. You may exclude memberships that would reveal gender, race, religion, national origin, age, ancestry, or disability or other protected status.

Languages (If applicable to the position you are applying for.)

	Fluent	Good	Fair
Speak			
Read			
Write			

EMPLOYMENT HISTORY

Describe your work experience beginning with your present position. Explain any breaks in your employment experience in the appropriate order; use the "Job Title and Duties" space for your explanation. Make copies of page 3 as needed for listing additional experience. Do not refer to resume or VITA.

Present or Last Employer	Employer's Address	Employer's Phone Number () -	
Your Title	Months and Years Employed From To	Last Salary	
Supervisor Name	Reason for Leaving	Volunteer Position Yes or No	Number of employees supervised:
Job Title and Duties			

Employer	Employer's Address	Employer's Phone Number () -	
Your Title	Months and Years Employed From To	Last Salary	
Supervisor Name	Reason for Leaving	Volunteer Yes or No	Number of employees supervised:
Job Title and Duties			

Employer	Employer's Address	Employer's Phone Number () -	
Your Title	Months and Years Employed From To	Last Salary	
Supervisor Name	Reason for Leaving	Volunteer Yes or No	Number of employees supervised:
Job Title and Duties			

EMPLOYMENT EXPERIENCE (Continued)

Employer	Employer's Address	Employer's Phone Number () -	
Your Title	Months and Years Employed From To	Last Salary	
Supervisor Name	Reason for Leaving	Volunteer Yes or No	Number of employees supervised:
Job Title and Duties			

Employer	Employer's Address	Employer's Phone Number () -	
Your Title	Months and Years Employed From To	Last Salary	
Supervisor Name	Reason for Leaving	Volunteer Yes or No	Number of employees supervised:
Job Title and Duties			

Employer	Employer's Address	Employer's Phone Number () -	
Your Title	Months and Years Employed From To	Last Salary	
Supervisor Name	Reason for Leaving	Volunteer Yes or No	Number of employees supervised:
Job Title and Duties			

REFERENCES

Give names, addresses and telephone numbers of three references who are not related to you and are not previous employers

1.

2.

3.

DIVERSITY QUESTIONNAIRE:

We strive to employ individuals who possess the skills necessary to effectively interact with a diverse population of students and staff at Green River Community College. Our effort is to create a climate that recognizes, respects, and celebrates differences. Please respond to this statement by:

- a. Describing what diversity means to you
 - b. Describing your experiences with diverse populations
 - c. Demonstrating how you apply these to the learning/working environment
- (Please limit your response to 1 page)

Please tell us where you saw our job advertised (newspaper, e-mail, GRCC website, other website):

DATE AND SIGN

I hereby certify that the information provided in this application is true and complete, and that there are no willful misrepresentations in and no falsification of any of the statements and answers to questions. I am aware that should investigation disclose any misrepresentation, falsification or omission, such disclosure will constitute grounds for rejection of application or immediate dismissal. I hereby consent to and authorize any of my former employers to furnish any and all relevant information concerning my previous employment record. I hereby consent to and authorize any of my previous educational institutions to furnish any and all relevant information concerning my previous educational record. I release all parties connected with any request for information from all claims, liability, and damages for whatever reason arising out of furnishing this information. If employed, I release Green River Community College from any liability for future references it may provide regarding my work history at the College. I understand that my employment is contingent upon proof of employment authorization and of identity and will present the documents when asked. A photocopy of this release shall have the same effect as the original. I understand that all offers of employment are subject to completion of background verification under GRCC policy HR 26. I have read and understand the information on this application.

Applicant's Signature: _____

Date _____