



**EMPLOYMENT APPLICATION FORM**

POSITION APPLIED FOR: \_\_\_\_\_

\_\_\_\_\_  
 LAST NAME                                      FIRST NAME                                      MIDDLE INITIAL

\_\_\_\_\_  
 MAILING ADDRESS                                      CITY                                      STATE                                      ZIP

\_\_\_\_\_  
 HOME NUMBER                                      WORK NUMBER                                      MOBILE NUMBER                                      MESSAGE NUMBER

\_\_\_\_\_  
 EMAIL

**EDUCATION and TRAINING** *(List most recent first)*

Universities or Colleges - Names and Locations	Dates of Attendance From:      To:	Credits Earned Semester/Quarter	Degrees Earned	Major Fields of Study
Other Schooling/Training	Dates of Attendance From:      To:	Describe Training/Skills Obtained		

**PROFESSIONAL/TECHNICAL CERTIFICATES OR LICENSES** - *Please list*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PROFESSIONAL ASSOCIATIONS AND MEMBERSHIPS** - *Please list*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ADDITIONAL PROFESSIONAL EXPERIENCE** - *Please include volunteer appointments or other experiences.*

Name of Organization	Dates	Type of Activity or Involvement

**EMPLOYMENT HISTORY** - Please list most recent positions held. Attach additional sheets if needed. Although a resume may be attached, you **must** complete this section.

Position Title/Academic Rank:			
Employer/Institution Name:			
Address:			
Supervisor Name & Phone:			
Dates of Employment:	From (Month / Year):	<input type="checkbox"/>	Full-time
	To (Month / Year):	<input type="checkbox"/>	Part-time %
Position Title/Academic Rank:			
Employer/Institution Name:			
Address:			
Supervisor Name & Phone:			
Dates of Employment:	From (Month / Year):	<input type="checkbox"/>	Full-time
	To (Month / Year):	<input type="checkbox"/>	Part-time %
Position Title/Academic Rank:			
Employer/Institution Name:			
Address:			
Supervisor Name & Phone:			
Dates of Employment:	From (Month / Year):	<input type="checkbox"/>	Full-time
	To (Month / Year):	<input type="checkbox"/>	Part-time %
Position Title/Academic Rank:			
Employer/Institution Name:			
Address:			
Supervisor Name & Phone:			
Dates of Employment:	From (Month / Year):	<input type="checkbox"/>	Full-time
	To (Month / Year):	<input type="checkbox"/>	Part-time %
Position Title/Academic Rank:			
Employer/Institution Name:			
Address:			
Supervisor Name & Phone:			
Dates of Employment:	From (Month / Year):	<input type="checkbox"/>	Full-time
	To (Month / Year):	<input type="checkbox"/>	Part-time %

If your transcripts, references, employment or other records are under a different name, please provide us with your previous name(s):

---

- Are you a U.S. citizen?  Yes  No

If NO to the above question,  
specify type of Visa: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Please note: In compliance with the Immigration Reform and Control Act of 1986, proof of authorization to work in the U.S. will be required at the time of hire.

- Have you been convicted or pleaded guilty to a felony in the last ten years?  Yes  No

If YES to the above question, please complete details on the crime and when:

---

---

Please note: such conviction(s) may be relevant if job related, but is not an automatic bar from employment. Failure to disclose a conviction will be considered good cause for termination.

- Have you previously worked for Cascadia Community College?  Yes  No

If YES to the above question, please indicate year(s) and in what capacity:

---

---

## PROFESSIONAL REFERENCES

*In the event that you are invited in for an interview, you will be asked to supply current professional references at that time.*

**Acknowledgement: Please read carefully before signing.**

I am voluntarily submitting this application for employment to Cascadia Community College. I hereby certify that the information provided by me is true and complete to the best of my knowledge and belief. I give my permission for the College to verify and conduct reference checking if I am invited to participate in the interview process. I understand that any untrue or incomplete statements may be considered grounds for rejection from the recruitment and selection process or for termination from employment if I am selected for this position.

---

Signature of Applicant

Date

---

Print Name

Cascadia Community College is committed to enhancing the diversity of its faculty and staff, as well as its student population. We strongly encourage applicants to apply 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.

Cascadia Community College is an equal opportunity institution and does not discriminate on the basis of race, color, religion, gender and/or sex, disability, national origin, citizenship status, age, sexual orientation, veteran's status, or genetic information. All Cascadia materials are available in alternative formats and can be requested by contacting the Human Resources office.



## Information for Federal and State Reporting

Position applied for: \_\_\_\_\_

This **Federal and State Reporting Form** will be filed separately from your application and will not be available to those processing your application. It will only be available 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.*

<p><b>1. Are you 40 years of age or older?</b>  <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p><b>2. Military Status (Please check all that apply)</b>  <input type="checkbox"/> Non-Veteran                      <input type="checkbox"/> Disabled Veteran other than Vietnam (DO)  <input type="checkbox"/> Veteran other than Vietnam (OV)                      <input type="checkbox"/> Disabled Vietnam-Era Veteran (DV)  <input type="checkbox"/> Vietnam-Era Veteran (VV)                      <input type="checkbox"/> Spouse of Deceased Veteran (SV)</p> <p>Date of Discharge: _____</p> <p><b>3. Disability* (Please check all that apply)</b>  <input type="checkbox"/> Not Disabled                      <input type="checkbox"/> Visual (2)  <input type="checkbox"/> Ambulatory/Mobility (1)                      <input type="checkbox"/> Mental/Psychological (4)  <input type="checkbox"/> Hearing (3)                      <input type="checkbox"/> Multiple Disability (5)  <input type="checkbox"/> Other _____ (9)</p> <p>* Any person who has a physical or mental impairment which substantially limits one or more major life activity; has a record of such an impairment or is regarded as having such an impairment.</p> <p><b>4. Gender</b>  <input type="checkbox"/> Male                      <input type="checkbox"/> Female</p>	<p><b>5. What ethnicity do you consider yourself to be? (Please see definitions)</b>  <input type="checkbox"/> White (800)  <input type="checkbox"/> Black/African American (870)  <input type="checkbox"/> American Indian (597)              Please specify principal tribal affiliation: _____  <input type="checkbox"/> Alaskan Native  <input type="checkbox"/> Aleut (941)                      <input type="checkbox"/> Eskimo (935)  <input type="checkbox"/> Other: _____  <input type="checkbox"/> Asian Pacific Islander  <input type="checkbox"/> Chinese (605)                      <input type="checkbox"/> Filipino (608)  <input type="checkbox"/> Hawaiian (653)                      <input type="checkbox"/> Korean (612)  <input type="checkbox"/> Vietnamese (619)                      <input type="checkbox"/> Asian Indian (600)  <input type="checkbox"/> Japanese (611)                      <input type="checkbox"/> Samoan (655)  <input type="checkbox"/> Other: _____</p> <p><b>6. Are you of Spanish/Hispanic origin?</b>  <input type="checkbox"/> No, (999)  <input type="checkbox"/> Yes, Cuban (709)  <input type="checkbox"/> Yes, Puerto Rican (727)  <input type="checkbox"/> Yes, Mexican, Mexican-American, Chicano (722)  <input type="checkbox"/> Yes, Other Spanish/Hispanic (for example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Please specify culture or origin)</p>
--	---

**DEFINITIONS**  
**American Indian and/or Alaskan Native:** A person having origins in any of the original people of North America, and who maintains cultural identification through tribal affiliation or community recognition.  
**Asian Pacific Islander:** A person having origins in any of the original peoples of the Far East, Southeast Asia, Indian, Subcontinent or Pacific Islands. This area includes, for example, China, Japan, Korea, Philippine Islands, and Samoa.  
**Black/African American (not of Hispanic Origin):** A person having origins in any of the original groups of Africa.  
**Caucasian/White (not of Hispanic Origin):** A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.  
**Hispanic:** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**How did you learn about this opportunity? Please check all that apply:**

Seattle Times newspaper	Seattle Times web site/NWJobs
Chronicle of Higher Education print publication	Chronicle of Higher Education web site
Community College Times	CCollegeJobs.com
HigherEdJobs.com	Cascadia employee/personal referral
Listing at state employment security office / WorkSource	
Cascadia's email job notification service	
Cascadia Community College web site	
Job Fair (please specify):	
Other (please specify):	