



# APPLICATION FOR EMPLOYMENT

- Must be completed even if attaching personal resume -

Ilisaġvik College is an Equal Opportunity Employer.

## PERSONAL INFORMATION (PLEASE PRINT)

Last Name	First Name	Middle Name	Preferred Name	Today's Date
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Present Mailing Address \_\_\_\_\_

Permanent Address (if different from above) \_\_\_\_\_

Social Security Number	Home Phone ( ) ( ) ( )	Message Phone ( ) ( ) ( )
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Do you have a valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/> Number: _____	State _____	Have you ever applied for work at Ilisaġvik College? Date _____ previously: <input type="checkbox"/> worked at Ilisaġvik College? Dates: _____	If you are under 18 years of age, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
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I understand that, upon employment, proof of legal right to work in the United States and completion of I-9 form will be required.

Are you able to perform the duties of the position for which you are applying?  Yes  No

Have you ever been convicted of or pled no contest to a misdemeanor or felony or received a suspended imposition of sentence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently out on bail or on your own recognizance pending trial? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes to either, please describe: _____
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Please list below if you have ever worked or earned degrees under another name?

Last Name	First Name	Middle Name	Dates From _____ To _____
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## POSITION DESIRED

Position(s) Applied For	Salary Desired <input type="checkbox"/> Monthly <input type="checkbox"/> Hourly	Date Available
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Do you have any immediate family members employed at Ilisaġvik College? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give name(s) below: _____ _____	Type of Employment <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Regular <input type="checkbox"/> Temporary
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If required, would you be willing to work?  
 Overtime  Weekends

Do you have any commitments to another employer or organization which might affect your employment with us?  
 Yes  No If yes, please describe: \_\_\_\_\_

What prompted your application to Ilisaġvik College?  
 Job Board (specify)  Walk-in  Employment Referral  Internet  Job Channel  Other (Please specify) \_\_\_\_\_

## EDUCATION AND TRAINING

Indicate Last Level of Education Completed  
High School:  1  2  3  4 College or University:  1  2  3  4 Graduate School:  1  2  3  4

Education	Name and Location (City and State)	GPA	Did you Graduate?	Major & Minor	Degree Earned	Date Mo./Yr.
High School				/ / / / / / / / / /	Diploma <input type="checkbox"/> GED <input type="checkbox"/>	/ / / /
College or University						
Graduate School						
Graduate School						
Business or Vocational						

Office Skills:  Typing  Shorthand  Ten Key  Computer:  PC  Macintosh  
WPM \_\_\_\_\_ WPM \_\_\_\_\_  Sight  Touch Specify software skills: \_\_\_\_\_

Other Technical Skills: \_\_\_\_\_

List any languages, other than English, which you speak or write: \_\_\_\_\_

**MUST BE COMPLETED EVEN IF ATTACHING PERSONAL RESUME**

List your last three employers with the most recent first.

If you are currently employed, may we contact your employer?     Yes     No

Dates Employed From: Mo. Day Year To: _____	Starting Salary/Wage \$ _____	Present/Last Employer	
	Ending Salary/Wage \$ _____	Phone # _____	Address _____
Supervisor's Name _____		Supervisor's Title _____	
Your Title _____		Your Duties _____	
Reason for Leaving _____			

Dates Employed From: Mo. Day Year To: _____	Starting Salary/Wage \$ _____	Previous Employer	
	Ending Salary/Wage \$ _____	Phone # _____	Address _____
Supervisor's Name _____		Supervisor's Title _____	
Your Title _____		Your Duties _____	
Reason for Leaving _____			

Dates Employed From: Mo. Day Year To: _____	Starting Salary/Wage \$ _____	Previous Employer	
	Ending Salary/Wage \$ _____	Phone # _____	Address _____
Supervisor's Name _____		Supervisor's Title _____	
Your Title _____		Your Duties _____	
Reason for Leaving _____			

**PROFESSIONAL REFERENCES** (Please list only references we may contact at this time)

NAME	TITLE AND PROFESSIONAL RELATIONSHIP	PHONE NUMBER AND EXTENSION
		( ) <input type="checkbox"/> HOME <input type="checkbox"/> WORK
		( ) <input type="checkbox"/> HOME <input type="checkbox"/> WORK
		( ) <input type="checkbox"/> HOME <input type="checkbox"/> WORK
		( ) <input type="checkbox"/> HOME <input type="checkbox"/> WORK

**AFFIDAVIT of APPLICANT**

I hereby declare that all information and statements made on or in connection with this application and supporting documents are true and correct to the best of my knowledge and that I have not knowingly withheld any facts or information. I authorize investigation of such information and statements. I understand that providing false information, or any misrepresentation or concealment of material fact, will be sufficient ground for rejection of this application or termination from employment. I authorize my present and previous employers to release to Iļisaġvik College any information they may have regarding my character or my employment record and release said employers from any damage or claim for furnishing said information. I hereby agree to submit to such physical and/or mental examination as may be required. I authorize the Alaska State Police to release any information concerning any previous criminal record I may have. I hereby release Iļisaġvik College from any damage or claim related to the processing of this application.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**DISCLOSURE AND AUTHORIZATION**

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

**DISCLOSURE REGARDING BACKGROUND INVESTIGATION**

**Ilisagvik College** ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by **Pre-Employ.com, Inc., Compliance Department, P.O. Box 491570, Redding, California 96049-1570, or by fax to (888) 999-3839**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing **Ilisagvik College** to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**ACKNOWLEDGMENT AND AUTHORIZATION**

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, Ilisagvik College, or insurance company to furnish any and all background information requested by **Pre-Employ.com, Inc., Compliance Department, P.O. Box 491570, Redding, California 96049-1570, or by fax to (888) 999-3839**, another outside organization acting on behalf of **Ilisagvik College**, and/or **Ilisagvik College** itself. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

**New York Applicants or Employees only:** By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.  
[www.labor.state.ny.us/agencyinfo/PDFs/CorrectionLaw%20Article%2023-A%20\\_4\\_.pdf](http://www.labor.state.ny.us/agencyinfo/PDFs/CorrectionLaw%20Article%2023-A%20_4_.pdf)

**NEW YORK Applicants or Employees Only:** You have the right to inspect and receive a copy of any investigative consumer report requested by **Ilisagvik College** by contacting the consumer reporting agency identified above directly.

**Minnesota and Oklahoma Applicants or Employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California Applicants or Employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Social Security\* # \_\_\_\_\_ Date of Birth\* \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***\*This information will be used for background screening purposes only and will not be used as hiring criteria.***



## NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW

Illisagvik College (the "Company") intends to obtain information about you from an investigative consumer reporting agency and/or a consumer credit reporting agency for employment purposes. Thus, you can expect to be the subject of "investigative consumer reports" and "consumer credit reports" obtained for employment purposes. Such reports may include information about your character, general reputation, personal characteristics and mode of living. With respect to any investigative consumer report from an investigative consumer reporting agency ("ICRA"), the Company may investigate the information contained in your employment application and other background information about you, including but not limited to obtaining a criminal record report, verifying references, work history, your social security number, your educational achievements, licensure, and certifications, your driving record, and other information about you, and interviewing people who are knowledgeable about you. The results of this report may be used as a factor in making employment decisions. The source of any investigative consumer report (as that term is defined under California law) will be **Pre-Employ.com, Inc., P.O. Box 491570, Redding, California 96049-1570, and (800) 300-1821**. The source of any credit report will be **Pre-Employ.com, Inc., P.O. Box 491570, Redding, California 96049-1570, or (800) 300-1821**.

The Company agrees to provide you with a copy of an investigative consumer report when required to do so under California law.

Under *California Civil Code section 1786.22*, you are entitled to find out from an ICRA what is in the ICRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The ICRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the ICRA's file on you that is required to be provided by *California Civil Code section 1786.10* will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting in writing a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the ICRA's.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the ICRA require additional information concerning your employment and personal or family history in order to verify your identity. The ICRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection.

You may be accompanied by one other person of your choosing, who must furnish reasonable identification. An ICRA may require you to furnish a written statement granting permission to the ICRA to discuss your file in such person's presence.



The following information is for identification purposes only. Please print clearly in Black Ink!

<b>Name:</b> Last	First	Middle	
List all other names used in the last 7 years:			
<b>Date of Birth:</b>	<b>Social Security Number:</b>		
Drivers License Number:	State issued:		
Current Address:			
City:	State:	Zip:	
<b>Address History</b> - Please list the city, state, and zip you have lived or worked in for the past 7 years with approximate dates:			
Dates:	City:	State:	Zip:
Dates:	City:	State:	Zip:
Dates:	City:	State:	Zip:
Daytime phone number: (      )	Email Address:		
<b>***** APPLICANT – DO NOT WRITE BELOW THIS LINE *****</b>			

<b>Company ID:</b> 24446	<b>Company Name:</b> Iisagvik College	<b>PO#</b>
<b>Please indicate the services you would like to request for this applicant.</b> Fax this sheet to 888-999-3839 or enter the information at <a href="https://www.pre-employ.com">https://www.pre-employ.com</a>		
<b>Basic Services Requested:</b> Package A – SSN, Criminal (Current Name, All Counties), US Criminal, Federal Criminal, MVR, Child Abuse Registry		
<b>Additional Services Requested: Please check box</b>		
<input type="checkbox"/> Social Security Trace	<input type="checkbox"/> Anti Terrorist Watch List	
<input type="checkbox"/> Criminal History Check	<input type="checkbox"/> NCFS	
<input type="checkbox"/> Drivers License Check	<input type="checkbox"/> Civil History	
<input type="checkbox"/> Employment Verification	<input type="checkbox"/> Federal Criminal History	
<input type="checkbox"/> Degree / Education Verification	<input type="checkbox"/> Federal Civil History	
<input type="checkbox"/> Reference Check	<input type="checkbox"/> Sex Offender	
<input type="checkbox"/> OIG/GSA Check	<input type="checkbox"/> Workers Compensation	
<input type="checkbox"/> National Wants and Warrants	<input type="checkbox"/> Drug Test	
<input type="checkbox"/> Credit Report		



**INFORMATION AND AUTHORIZATION FORM FOR REFERENCE, EDUCATION OR  
LICENSE VERIFICATION INFORMATION ONLY**

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST ILISAGVIK COLLEGE OR SUPERVISOR; COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING; ADMINISTRATOR; LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY; CREDIT BUREAU; COLLECTION AGENCY; PRIVATE BUSINESS; MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER; PERSONAL REFERENCE; AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION) OR ANY OTHER INFORMATION REQUESTED BY PREEMPLOY.COM, INC. A PHOTOGRAPHIC OR FAXED COPY OF THIS INFORMATION & RELEASE FORM SHALL BE AS VALID AS THE ORIGINAL.

**I HEREBY AUTHORIZE YOU TO PROVIDE INFORMATION TO PRE-EMPLOY.COM INC Phone (800) 300-1821 Fax (888) 999-3839**

THE FOLLOWING MUST BE FILLED OUT COMPLETELY .....PLEASE USE A PEN WITH BLACK INK  
*(Please Print Clearly)*

Name: Last	First	Middle
Home address		
City	State	Zip

**Please provide the following information for each company listed on employment application (Use Additional Paper if Necessary):**

Company	Dates of Employment	From	To	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address				
City	State	Zip		
Position	Supervisor	Telephone (include Area Code)		
Company	Dates of Employment	From	To	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address				
City	State	Zip		
Position	Supervisor	Telephone (include Area Code)		
Company	Dates of Employment	From	To	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address				
City	State	Zip		
Position	Supervisor	Telephone (include Area Code)		

**Please provide the school, university or college name (highest level of education received):**

Institution	Institution		
Location	Attendance Dates:	Location	Attendance Dates
Degree	Major/Minor	Degree	Major/Minor
Name used while attending:	Name used while attending:		

**Personal References (Individuals with whom you have worked): Professional License Information:**

Name:	Phone:	License Type:	License Number:
Name:	Phone:	Issuing Authority:	State:
Name:	Phone:	Issue Date:	Expiration Date:

SIGNATURE: X \_\_\_\_\_ DATE \_\_\_\_\_

## Applicant Equal Opportunity Employment Information

Important - Applicants, Please Read: Iḷiságvik College is an Equal Opportunity Employer.

The following questions are made for statistical purposes in administering a fair employment program. Solely to help us comply with Federal and State Equal Employment Opportunity record keeping, reporting and other legal requirements, we request that you complete this data information form.

Please Note: Completion of this form is voluntary. Refusal to complete this information will not subject any applicant or employee to adverse treatment. This form will be detached from the employment application and the information you provide will be recorded and maintained in a confidential file, separate from all other records. This information will not be used in consideration for your employment.

Position(s) Applied For	Date	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Race/Ethnic Group

Check any that apply:

- Alaskan Native or American Indian: A person with origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- Asian or Pacific Islander: A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Republic, and Samoa.
- Black: (Not of Hispanic origin) A person with origins in any of the black racial groups of Africa who is also not of Hispanic origin.
- Hispanic: A person of Mexican, Puerto Rican, Cuban, South American, or other Spanish culture or origin, regardless of race.
- White: (Not of Hispanic origin) A person with origins in any of the original peoples of Europe, North Africa, or the Middle East who is not of Hispanic origin.

Veteran of the Vietnam Era:  YES  NO

This is a person who (a) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (b) was released from such active duty for a service-connected disability or (c) was discharged or released within 48 months preceding an alleged violation of the Vietnam Era Veterans' Readjustment Assistance Act.