

Human Resource Services

1600 Chester Avenue
 Bremerton, WA 98337-1699
Main (360) 475-7300
Fax (360) 475-7302
Non Local 1-800-259-6718 Extension 7300

An Affirmative Action/Equal Opportunity Employer

Website: www.olympic.edu Email: jobs@olympic.edu

Please type or print clearly.

Social Security Number: - -

Position Title as Advertised: Continuing Education Instructor

Please provide your social security number on all personal forms. Federal regulations, (United States Code 5, Section 552a) require that Olympic College (OC) make the following disclosure when requesting that information: OC uses your social security number to identify your records and fulfill federal tax requirements. As required by law, OC uses your social security number to report disbursements to the IRS. You MUST provide your social security number if you are hired.

Personal Data

Last name	First name	Middle Initial	Maiden name/other name used
Street Address			Are you a U.S. Citizen or are you eligible for lawful employment in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State, Zip Code			
Home Telephone ()	Business Telephone ()	Cell/Message/Other Telephone ()	Email Address

Are you currently an Olympic College Employee? Yes No

Type of Employment Desired:

Full Time
 Part Time
 Temporary
 Administrative
 Classified
 Faculty

Education

High School or Equivalent
 Some College
 Associate Degree
 Bachelor Degree
 Master Degree
 Doctorate

Olympic College is committed to enhancing the diversity of our faculty, staff and administration as well as our student population. Olympic College is an equal opportunity employer. We strive to create a working environment that includes and respects cultural, racial, ethnic, sexual orientation and gender identity diversity. Women, racial and ethnic minorities, persons with disabilities, persons over 40 years of age, disabled and Vietnam era veterans and people of all sexual orientations and gender identities are encouraged to apply. Persons needing accommodation in the application process or this announcement in an alternative format may contact Olympic College Human Resource Services, HRS@oc.ctc.edu and/or (360) 475-7300. Our toll free number is (800) 259-6718, extension 7300. Olympic College maintains a drug-free environment and all college buildings are tobacco-free. For more information, contact the Executive Director of Human Resource Services.

For Office Use Only

Area of Interest	Code	5001	5012	5013	Ltr/App

Education and Certification

Name of Institution/Location (Start with most recent)	Degree/Certification Or Diploma	Dates Attended	Date of completion	Total Credits Completed		Major
				Quarter	Semester	
		/				
		/				
		/				

Teaching Experience – If applicable, list most recent first.

Institution/Location	Position	Program/Courses	Dates	Full-Time or Part-Time
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time %
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time %
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time %
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time %
				<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time %

Licenses and Certificates - List all of your professional licenses, permits and certificates.

License	Type	State	Effective Date	Expiration Date

Skills – List special skills that you might bring to the position, i.e. technical, interpersonal, customer service, etc.

Employment Record – List present or most recent experience first. Explain any break in your employment history in the appropriate order; use the "Duties" section space for your explanation. COPIES OF THIS PAGE ARE AVAILABLE FOR LISTING ADDITIONAL WORK EXPERIENCE.

Avoid statements such as "See resume or See VITA", they do not substitute for completing any portion of the application.

May we contact your current employer/supervisor? Yes No

Employer Name		Position Title	
City, State		Dates of Employment (Mo/Yr) From: / To: /	
Supervisor	Supervisor's Telephone ()	Salary or Wage Rate	Hours worked per week
Duties			
Reason for Leaving			

Employer Name		Position Title	
City, State		Dates of Employment (Mo/Yr) From: / To: /	
Supervisor	Supervisor's Telephone ()	Salary or Wage Rate	Hours worked per week
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Supervisor	Supervisor's Telephone ()	Salary or Wage Rate	Hours worked per week
Duties			
Reason for Leaving			

Professional References – Include those persons who have first hand knowledge of your skills and abilities.

Name	Telephone Number ()
Official Position & Employer	Years Known

Name	Telephone Number ()
Official Position & Employer	Years Known

Name	Telephone Number ()
Official Position & Employer	Years Known

Required Information

A conviction record will not necessarily bar you from employment at Olympic college. Have you, within the past ten years, been convicted of any felony including, but not limited to, assault, illegal drug use or distribution, theft, misappropriation of funds, or any offense of a sexual nature?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain.			
Have you ever had a certificate or any other professional or occupational permit, license or equivalent document subject to any disciplinary proceeding? (This includes, but is not limited to: denial, reprimand/admonition, suspension or revocation.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever voluntarily surrendered such a document in Washington or any other state/place?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, name state/place:			
If hired, you must complete the US Department of Justice Employment Eligibility Verification Form and provide identity and appropriate authorization to work in the United States. Are you eligible for employment pursuant to the position for which you are applying and for the expected duration of the position as required by the Immigration Reform and Control Act of 1986?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Applicant's Certification

<u>Please read carefully before signing.</u>	
I understand this employment application is not a contract of employment. I certify that the information contained in this application form is true, correct and complete to the best of my knowledge. I understand that consideration of this application and the continuation of any employment gained depend upon the true and accurate representation of the facts as stated or implied in this application. In addition, I hereby authorize Olympic College to check with references and make inquiries regarding my education, employment and other qualifications related to the position, unless otherwise stated. I hereby release all parties and persons associated with any such inquiries from liability in connection with information they give. I have read and understand the information on this application.	
Signature	Date

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Every effort will be made to provide accommodations to applicants needing physical, sensory, or mental support to complete this application process. Such requests should be made immediately upon applying for a position. Qualified employees with physical, mental, sensory disabilities are provided reasonable accommodations to perform their essential job functions.

OLYMPIC COLLEGE
INFORMATION FOR FEDERAL AND STATE REPORTING PURPOSES

OC is required by law to report the composition of its employment force to the government. Your **voluntary** cooperation is appreciated. The information on this form will be filed separately from the main application form. Safeguards are used to prevent the discriminatory abuse of this information. It is available only to the person responsible for governmental reporting or for affirmative action reasons.

Personal Data

Social Security Number: - -	Name:
Position applying for:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:

Where did you hear about this position?

<input type="checkbox"/> Received OC announcement via mail (SANN)	<input type="checkbox"/> Personal Reference (PE)	<input type="checkbox"/> Private Employment Agency (PR)
<input type="checkbox"/> OC Web Site (HMPG)	<input type="checkbox"/> Chronicle or Chronicle Web Site (CHED)	<input type="checkbox"/> Public Employment Agency (PU)
<input type="checkbox"/> Regional Publication (RP)	<input type="checkbox"/> Local Publication (Please name below)	<input type="checkbox"/> Other Web Site (Please name below)
<input type="checkbox"/> National Publication (NP)	<input type="checkbox"/> Walk In (WI)	<input type="checkbox"/> Other (OT):
NAME OF PUBLICATION OR WEBSITE:		

Which race do you consider yourself?

<input type="checkbox"/> Caucasian (800)	<input type="checkbox"/> Black or African American (870)	<input type="checkbox"/> Chinese (605)
<input type="checkbox"/> Eskimo (935)	<input type="checkbox"/> Aleut (941)	<input type="checkbox"/> Filipino (608)
<input type="checkbox"/> Hawaiian (653)	<input type="checkbox"/> Korean (612)	<input type="checkbox"/> Asian Indian (600)
<input type="checkbox"/> Vietnamese (619)	<input type="checkbox"/> Japanese (611)	<input type="checkbox"/> Samoan (655)
<input type="checkbox"/> Guamanian (660)	<input type="checkbox"/> Other Asian or Pacific Islander (please specify):	
<input type="checkbox"/> Native American (List name of enrolled or principle tribe):		

Are you of Spanish/Hispanic origin?

<input type="checkbox"/> No, not Spanish/Hispanic (999)	<input type="checkbox"/> Yes, Latino/Latina (720)
<input type="checkbox"/> Yes, Puerto Rican (727)	<input type="checkbox"/> Yes, Cuban (709)
<input type="checkbox"/> Yes, Mexican, Mexican-American, Chicano (722)	
<input type="checkbox"/> Yes, Other Hispanic/Spanish (please specify):	

Disabled Status

Do you have a physical, sensory or mental disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please check those that apply:	<input type="checkbox"/> Ambulatory/mobility (1)	<input type="checkbox"/> Visual (2)
<input type="checkbox"/> Hearing (3)	<input type="checkbox"/> Mental/psychological (4)	<input type="checkbox"/> Multiple Disabilities (5)
<input type="checkbox"/> Other (9) Please specify:		

Veteran Status

Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify dates of service:		
Please specify any of the following that apply:		
<input type="checkbox"/> Vietnam Era Disabled Veteran (DV)	<input type="checkbox"/> Vietnam Era Veteran (VV)	<input type="checkbox"/> Special Disabled Veteran (DO)
<input type="checkbox"/> Other Veteran (OV)		
"Other Veterans" are those veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. See next page to identify the campaigns or expeditions that meet this criterion.		

Criminal Background Conviction Verification Release

In order to provide a safe environment for students and other members of the college community, Olympic College has established a policy to conduct criminal background investigations on all potential employees. To comply with this policy, it is required for you to complete this Criminal Background Conviction Verification Release Form for your application to be complete. This information will be kept CONFIDENTIAL and released from Human Resource Services only on a need-to-know basis. If you have any questions regarding this process, please call the Human Resources Department, (360) 475-7300.

A criminal conviction record does not necessarily disqualify you from employment.

When considering candidates for College employment (both paid and volunteer), criminal conviction records are reviewed as they relate to the content and nature of the work, and the safety and security of College staff, students, the public and College property. Additionally, the Washington State Child and Adult Abuse Information Law (RCW 43.43.830.840) requires that employers ask applicants to disclose specific information about any convictions for crimes against persons and findings in related actions or proceedings. This conviction information must be disclosed before an applicant can be considered for employment in any position which may involve unsupervised access to children, developmentally disabled persons or vulnerable adults as defined by the law. OLYMPIC COLLEGE is subject to the Drug Free Work Place Act. Hence, anytime an employee is convicted of a drug-related crime which occurred on College property or while involved in College business or activities, the employee must let the employer know within five (5) calendar days after such conviction.

INSTRUCTIONS: Complete ALL sections below. (Please include all names by which you are known or have ever used.) The information you provide will be used only as it relates to consideration for Olympic College employment (paid and not paid).

Name (Last Name, First Name, Middle Initial):	
Birth Date (for background check inquiry):	Position applying for:

In the past 10 years, have you been convicted of any crimes excluding traffic/parking citations?

Yes No

If yes, please list and give dates: _____

My signature below authorizes Olympic College to conduct a background investigation and authorizes the release of information in connection with my application for employment. I understand that if I am hired I can be discharged for any misrepresentation or omission in the stated information or application. I also understand that any job offer or subsequent employment may be conditioned on the College's receipt of a satisfactory Criminal Conviction report. I hereby release Olympic College and any law enforcement agency and others from liability or damage which may result from furnishing the information requested. I attest that the information I have provided is true, under penalty of perjury of the Laws of the State of Washington.

SIGNATURE: _____

DATE: _____

To protect confidentiality, send this form directly to:

Olympic College
Human Resource Services
College Service Center, Fifth Floor
1600 Chester Avenue, Bremerton, WA 98337

FOR HUMAN RESOURCE SERVICE USE ONLY

Cleared: <input type="checkbox"/> Date: _____	Other Action Taken: <input type="checkbox"/>
Employee Initials: _____	Human Resource Representative: _____