



HUMAN RESOURCE OFFICE

EMPLOYMENT APPLICATION

Administrative • Professional • Faculty

Delta College

1961 Delta Road, University Center, MI 48710
 (989) 686-9107 ♦ (989) 686-0755/Fax
 Web Site: www.delta.edu/humres

OFFICE USE ONLY

PERSONAL DATA

PLEASE PRINT OR TYPE

Name (Last)	(First)	(Middle)	Today's Date
Address			Area Code & Phone No.
(City)			()
(State)			E-mail Address
(Zip Code)			
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been employed by Delta College? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Proof of citizenship or immigration status will be required upon employment.</i>	If "YES" <input type="checkbox"/> Current Employee <input type="checkbox"/> Former Employee		
Have you previously applied for employment at Delta College? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you related to anyone employed at Delta College? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "YES", please explain: _____	If "YES", Who? _____ Relationship? _____		

<p>POSITION APPLYING FOR _____</p> <p>LIST SUBJECT(S) YOU CAN TEACH <i>(in order of preference)</i></p> <p>_____</p> <p>_____</p> <p>I am seeking: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Either</p>	<p>Salary Requirement:</p>
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EQUAL OPPORTUNITY STATEMENT:

It is the policy of Delta College not to discriminate in employment, education, public accommodation or public service on the basis of religion, race, color, national origin, age, sex, marital status, sexual orientation, gender identity, height, weight, arrest record, veteran status, disability, or other classifications as required by applicable U.S. federal, state or local law. Direct inquiries to the Equity/Compliance Officer, Delta College, 1961 Delta Road, Office J101, University Center, MI 48710, telephone 989-686-9122, or email: equityoffice@delta.edu

POLICY STATEMENTS FOR EMPLOYMENT APPLICATION

DRUG-FREE WORKPLACE ACT

Delta College, in compliance with the *Drug-Free Workplace Act of 1988, P.L. 100-690*, certifies that we will maintain a drug free workplace by prohibiting the unlawful manufacture, distribution, dispensing, possession or use of any controlled substance by any employee in the workplace and will enforce strict sanctions, up to and including discharge, for any violation of this policy.

Delta College is a Tobacco Free/Smoke Free environment. (Policy can be found on-line at: <http://www.delta.edu/TobaccoFree>)

IMMIGRATION REFORM AND CONTROL ACT

Delta College is required by law to verify all new employee's eligibility for employment in the United States. **A new employee must provide the College with documentation of his/her authorization to work and proper identification within the first three days of employment. Employment will be terminated if appropriate documentation is not submitted.** A list of acceptable documents are available in the Human Resources Department, J101, 1961 Delta Road, University Center, MI 48710.

In order to track our recruitment sources, please indicate when you first learned about the position:

- | | |
|--------------------------------|------------------------------------|
| A) Advertisement? _____ | Please give publication _____ |
| B) Internet? _____ | Please give internet address _____ |
| C) Posting/Announcement? _____ | When? _____ |
| D) Other? _____ | |

This application is considered current only for the position applied for as listed on the front of this application. If you are still interested in other employment, it will be necessary for you to reapply by filling out a new application. A person with a disability or handicap requiring accommodation for completing the application process should notify Human Resources as soon as possible.

SUPPORTING DOCUMENTS REQUIRED FROM APPLICANT: Copies of transcripts of all graduate and undergraduate credits. Other materials as applicable and/or required.

ADDITIONAL INFORMATION CANDIDATE WISHES TO MAKE KNOWN: _____

ALL SECTIONS OF THIS APPLICATION MUST BE COMPLETED. DO NOT ATTACH A RESUME IN LIEU OF COMPLETING THIS APPLICATION.

I hereby certify that the information given by me in this application is true, accurate, and complete. I understand that if I have given any false information on this application, or if I have omitted any material facts, I may be disqualified from employment with Delta College, or if hired, I may be discharged immediately upon discovery of such false statements or omissions, regardless of how much time has passed between the date of my hire and the discovery of the misrepresentations or omissions. In addition, I authorize and consent to a thorough investigation of my past employment and will fully cooperate in any such investigation. In consideration of this application for employment, I hereby release, save and hold harmless Delta College, its board of trustees, elected and appointed officials, employees, agents, and anyone else working on behalf of Delta College, as well as all of my current and past employers and their boards, officers, employees, agents and others working on their behalf from any and all liability or responsibility arising from any disclosure made or obtained pursuant to this authorization, or from the failure to disclose information. I agree that any action or suit against Delta College arising out of my employment or termination of employment, including, but not limited to, claims arising under State or Federal civil rights statutes, must be brought within 180 days of the event giving rise to the claims or be forever barred. I waive any limitation periods to the contrary. EQUAL OPPORTUNITY EMPLOYER

"READ CAREFULLY BEFORE SIGNING

I agree that any claim or lawsuit relating to my service with Delta College or any of its divisions must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary."

Signature _____ Print Name _____ Date _____

No application will be considered unless it is signed by applicant.

When completed and signed, please return to:

Delta College, Human Resource Office, J101, 1961 Delta Road, University Center, MI 48710 or fax to Human Resources Employment at (989) 686-0755.

EDUCATION

Vocational/Technical (Including Business, Industrial, Military, etc.)

Name of School	City	State	Certificate Earned:
			Description of Training:
Name of School	City	State	Certificate Earned:
			Description of Training:

Undergraduate College (Including Community Colleges)

Name of School	City	State	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
			If "NO", Circle Last Year Completed: 1 2 3 4
Degree Earned	Major		
	Minor		

Name of School	City	State	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
			If "NO", Circle Last Year Completed: 1 2 3 4
Degree Earned	Major		
	Minor		

Graduate College

Name of School	City	State	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
			If "NO", Circle Last Year Completed: 1 2 3 4
Degree Earned	Major		
	Minor		

Name of School	City	State	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No
			If "NO", Circle Last Year Completed: 1 2 3 4
Degree Earned	Major		
	Minor		

Professional Certificates/Licenses

Issuing Agency	Type of Certificate/License	Issuing State	Expiration	License Number

Continuing Professional Development

Special Activities, Seminars, Workshops	Special Activities, Seminars, Workshops

EMPLOYMENT EXPERIENCE (Including Teaching Experience/Assistantships if Applicable)

Start with present or most recent employer. Please print or type.

Employer				Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Street Address		City	State	Zip	Date Employed: From: _____ To: _____
Telephone Number ()		Supervisor's Name			Hourly Rate Salary: Starting: _____ Final: _____
Describe Work Duties (Subjects Taught if Teaching Position)				Reason for Leaving:	

Employer				Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Street Address		City	State	Zip	Date Employed: From: _____ To: _____
Telephone Number ()		Supervisor's Name			Hourly Rate Salary: Starting: _____ Final: _____
Describe Work Duties (Subjects Taught if Teaching Position)				Reason for Leaving:	

Employer				Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Street Address		City	State	Zip	Date Employed: From: _____ To: _____
Telephone Number ()		Supervisor's Name			Hourly Rate Salary: Starting: _____ Final: _____
Describe Work Duties (Subjects Taught if Teaching Position)				Reason for Leaving:	

Employer				Position	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Street Address		City	State	Zip	Date Employed: From: _____ To: _____
Telephone Number ()		Supervisor's Name			Hourly Rate Salary: Starting: _____ Final: _____
Describe Work Duties (Subjects Taught if Teaching Position)				Reason for Leaving:	

If any of your employment records are under a different name, please list name used

OTHER RELATED JOB SKILLS

Please describe any special job related skills and qualifications acquired from employment or other experience.

REFERENCES — Work Related

Name	Street Address	City	State	Zip	Occupation	Phone Number
						()
						()
						()

TEACHING REFERENCES

List departmental chairmen, superintendents, principals, or others under whom you have taught.

Name	Street Address	City	State	Zip	Position or Title	Institution	Phone No.
							()
							()

HONORS/PUBLICATIONS/PROFESSIONAL MEMBERSHIPS

Do not include membership or publication which may reveal or imply gender, race, religion, national origin, age, ancestry, disability or other protected status.

Scholarship Awards Honorary Degrees, Medals, Fellowships	Description		Awarded By
Publications, Books	Title	Publisher	Library of Congress
Publications, Articles	Title	Journal	Volume/Issue
Professional, Honorary, and Learned Societies	Organization Name		Position

Delta College
PRE-EMPLOYMENT CERTIFICATION/RELEASE



I understand and agree to the fact that employment at Delta College is conditional upon a review of my qualifications, references, etc. I authorize Delta College, or its research agent, to request and obtain verification that the information given by me on my application, resume or vita and in this Pre-Employment Certification/Release (hereinafter, "Release") is true, accurate and complete. I further authorize Delta College to update such verification at any time during my employment as may be deemed necessary. I understand that such verification may include but may not be limited to background information pertinent to the position for which I have applied, including my character, reputation, consumer reports, credit reports, verification of licensure, verification of academic records, verification of employment, and investigation of criminal history (collectively referred to as "background information").

I further understand that if I refuse to sign this Release or have given any false information or omitted any pertinent facts on my application, resume, vita or Release, I may be disqualified from employment with Delta College, or, if hired, I may be discharged immediately upon discovery of such false statements or omissions.

I authorize my current and all previous employers, academic institutions and other references to release, on a confidential basis, any background information they may have concerning me, including any information contained in my personnel record, academic record or otherwise known by them to Delta College. I waive my right to prior written notice of disclosure of my personnel record information, including disciplinary reports, letters of reprimand and other disciplinary action by my current and former employer(s) and by Delta College at some point in the future. I specifically release Delta College and any current or former employer, as well as, all agents, representatives, employees, officers and/or directors of Delta College and such employers from any liability whatsoever which arises in connection with any inquiries about me and/or disclosures of background information about me.

I further understand that this information will become part of my personnel record at this employer and will be held in the confidence accorded all such records.

I acknowledge that I have read and understand this information, and the rules governing its collection and use, are pursuant to the Fair Credit Reporting Act as amended by the Consumer Credit Reform Act of 1996, and that any adverse action based on this information will be communicated to me in accordance with the Act.

FOR IDENTIFICATION PURPOSES

Please Print Full Name _____

Other or Former Names (maiden) _____

Street Address _____

City _____ State _____ Zip Code _____ County _____

Driver's License State _____ Driver's License # _____

Complete the following only if the position requires a driver's license:

Has your driver's license ever been revoked, suspended, restricted? Yes No
If **Yes**, for what reason and for how long? _____

List any moving violations during the last three (3) years: _____

Please list current and previous counties of residence for the past seven (7) years:

County _____, State _____ County _____, State _____

County _____, State _____ County _____, State _____

County _____, State _____ County _____, State _____

County _____, State _____ County _____, State _____

EDUCATIONAL DATA

Highest Degree/Diploma Attained _____ Year Received _____

School/College/University _____ City _____ State _____

Professional License: State _____ Type _____ Number _____

(continued)

Delta College
PRE-EMPLOYMENT CERTIFICATION/RELEASE (continued)

PRIOR EMPLOYER VERIFICATION (Please list your last three (3) employers or last seven (7) years of employment.)

1. Employer Name _____
Employee Title _____
Supervisor Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
Start Date _____ End Date _____ Presently Employed? Yes _____ No _____

2. Employer Name _____
Employee Title _____
Supervisor Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
Start Date _____ End Date _____ Presently Employed? Yes _____ No _____

3. Employer Name _____
Employee Title _____
Supervisor Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
Start Date _____ End Date _____ Presently Employed? Yes _____ No _____

CRIMINAL HISTORY

Have you ever been convicted of a felony? Yes _____ No _____ If yes, please give details including date(s), type of offense(s), circumstances and county where conviction occurred:

****Conviction of a felony will not necessarily render you ineligible for a position, but the nature of the conviction, circumstances and/or time of occurrence may be considered in processing your application.**

Are there any pending felony charges against you? Yes _____ No _____ If yes, give date, place, charge and status of case:

Signature _____ **Date** _____

Title of Position Applied For: _____

TO BE COMPLETED BY THE HUMAN RESOURCE OFFICE ONLY

Date of Birth _____ Social Security # _____ Race _____ Gender _____
Month Day Year

Conditional Employment Offer Date _____ HR Representative Signature _____

DELTA COLLEGE

NOTICE OF INTENT TO VERIFY

BACKGROUND INFORMATION

In connection with my application for employment with you, I understand that a consumer report may be requested that may include information as to my character, along with reasons for termination of past employment from previous employers. To facilitate this process, I hereby authorize the investigation of my past and present work, education, military service, character, and police records, to determine any and all information, excluding medical information, which is or may be, pertinent to my qualifications for employment. I hereby authorize you to provide any and all information, of record or not, and release you and all persons, agencies, companies and firms from any damages that may result from providing such information. Further, I understand that you may be requesting information concerning my motor vehicle operation history and criminal history from various states, private and insurance sources along with other public records available.

Applicant Name (*printed*) _____

Applicant Signature _____

Date _____