

APPLICATION FOR EMPLOYMENT



Western Nebraska Community College

ALLIANCE * SCOTTSBLUFF * SIDNEY

Federal law obligates us to provide reasonable accommodation to the known disabilities of applicants and employees, unless to do so would pose an undue hardship. Please feel free to inform the Western Nebraska Community College representative if you need an accommodation to complete the application process.

PLEASE PRINT

Date of Application _____ Position(s) _____

Name _____
Last First Middle

Address _____
Street Number & Street City State Zip

Home Phone _____ Cell Phone _____

Have you filed an application here before? Yes No If yes, when? _____

Have you ever been employed here before? Yes No If yes, when? _____

Are you 18 years of age or older? Yes No

Are you prevented from lawfully becoming employed in this country? Yes No If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

On what date would you be available for work? _____ Expected salary: _____

Are you available to work: Full-time Part-time Temporary What days? S M T W T F S

Are you on lay-off and subject to recall? Yes No

Veteran of the U.S. military service? Yes No If yes, branch: _____

List professional, trade, business or civic activities and offices held. (You may exclude those which indicate race, color, disability, religion, gender, or national origin):

EMPLOYMENT EXPERIENCE

List each job held during the last ten (10) years. Start with your present or last job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, disability, gender, or national origin.)

Employer	Dates		Responsibility/Work Performed
	From	To	
Address	City, State, Zip Code		
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

Employer	Dates		Responsibility/Work Performed
	From	To	
Address	City, State, Zip Code		
Job Title	Hourly Rate/Salary		
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Supervisor			
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Address	City, State, Zip Code		
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving			

EDUCATION

Please list education or specialized experience which relates to the position(s) for which you are applying. Exclude names or terms which indicate, for example, race, color, religion, gender, disability or national origin.

School Name	Elementary					High School			College/University				Graduates/Professional				
Years completed (circle)	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe course of study																	
Describe specialized training, apprenticeship, skills or extra-curricular activities.	Name: Location: Length of course: Was course completed? Subject: General:																

Honors received: _____

Special skills and qualifications, including those acquired from employment, education and other experience:

Equipment, software, or materials experience: _____

REFERENCES

Please list the names of three individuals who are familiar with your recent work; including your most recent supervisor; exclude any relatives.

Name	Area Code Phone Number	Address: Include city, state and zip code

State any additional information you feel may be helpful in considering your application: _____

APPLICANT'S STATEMENT

These answers are true and complete to the best of my knowledge. The College may investigate all statements contained in this application and I understand that my false or misleading information provided during the application or interview process will result in my immediate discharge if I am hired, regardless of when discovered. I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representations to the contrary, the employment relationship between me and the College is terminable-at-will so that both the College and I remain free to choose to end our working relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing by the College president. I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the College to determine whether I can perform the job duties. In addition, I understand a drug and alcohol test may be required depending upon college policy. I authorize the College to make a thorough investigation of my past employment, education and job-related activities, and I release from all liability any person, company, or organization supplying such information. I also indemnify the College against any liability which might result from making such investigation.

Additionally, I authorize the College to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency, or other party, with an interest that the College deems appropriate.

Signature of Applicant _____ Date _____

Western Nebraska Community College does not discriminate on the basis of race, color, religion, national origin, sex or gender, age, disability, marital status, military veteran status, sexual orientation, gender expression/identity, or political affiliation, in its policies, practices, and activities related to employment, admissions, educational services/programming, student services/activities, or financial aid; as expressly prescribed by Institutional policy, state and federal laws, regulations, and executive orders. Inquiries concerning the application of these policies, laws, and/or regulations to the College may be directed to the College's Compliance Officer for the Civil Rights Act(s), Title IX of the Education Amendments of 1972, Americans with Disabilities Act(s), and Section 504 of the Rehabilitation Act of 1973; Kathy Ault, Human Resources Executive Director, 1601 East 27th Street, Scottsbluff, NE 69361-1815; aultk@wncc.edu; 308.635.6350 or to the Director, Office of Civil Rights, U.S. Department of Education, One Petticoat Lane, 1010 Walnut Street, Suite 320, Kansas City, MO, 64106-2106.

RETURN APPLICATION BY:

Mail	Email	Fax
Human Resources Western Nebraska Community College 1601 East 27 th Street Scottsbluff, NE 69361-1899	hrdirector@wncc.edu	308.635.6161



**Western Nebraska
Community College**

NOTICE OF COMBINED ANNUAL SECURITY AND FIRE SAFETY REPORT AVAILABILITY
 WNCC is committed to assisting all members of the College community make informed decisions about their personal safety. In compliance with federal law, the College prepares and distributes an Annual Security Report that indicates the institution's safety and security policies, procedures and crime statistics. The annual security and fire safety compliance document is available on WNCC's website at <http://www.wncc.edu/about-wncc/campus-safety>. If you would like a paper copy of this report, you can receive a copy at the Student Services Office at 1601 E. 27th, Scottsbluff, NE 69361 or by calling 308.635-6104.