



Application for Employment

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

(PLEASE PRINT)

Date of Application _____

Positioning Applying For _____

Name _____ Email _____
Last First Middle

Telephone _____ Social Security Number _____

Address _____
Street City State Zip

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application with Miles Community College before? Yes No
If yes, in what year(s)? _____

Have you ever been employed by Miles Community College? Yes No
If yes, in what department? _____

Supervisor _____ Dates of Employment _____

Are you currently employed? Yes No May we contact your present employer? Yes No

Can you show proof of your eligibility to work in the United States? Yes No

Are you currently enrolled as a student at Miles Community College? Yes No

On what date would you be available to work? _____

Are you available to work? Full Time Part Time Shift Work Temporary

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
(Conviction will not necessarily disqualify applicant from employment)

*If Yes, please explain on a separate piece of paper.

This is an Equal Opportunity Program. Discrimination is prohibited by Federal Law. Complaints of discrimination may be filed with the USDA, Director, Office of Civil Rights, Washington, DC 20250.

Education

Level	Name and Location (City/State)	Course of Study	Completed Degree
Last High School Attended		Year Completed (9, 10, 11, 12)	
College or University			
Graduate School			
Business or Vocational			
Other (Please Specify)			

Professional Licenses or Certificates

Honors Received

List professional, trade, business or civic activities and offices held.

(You may exclude those which indicate race, color, religion, sex or national origin):

How did you learn about this opening?

- Newspaper Advertisement Friend Relative Walk-In Employment Agency
 Other (Please Specify) _____

Employment Experience

Start with your present or last job. Include military service assignments and volunteer activities. All information should be completed and reasons for any time lapse should be noted.

Employer		WORK PERFORMED	
Telephone	Dates Employed		
Address	From	To	
Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for leaving			

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If you need additional space, please continue on a separate sheet of paper

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience such as specific office skills, machines used, etc.

References

List name, address and phone number of three references who are not related to you and are not previous employers.

Name and Title	Company and Address	Telephone Number

Are you a Veteran of the U.S. Military service? Yes No If Yes, Branch _____

Applicant's Statement

I understand this application is considered current for 90 days. If I want to be considered for employment after that time, I must renew my application in writing.

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not and is not intended to be a contract of employment. I further understand said background check may also involve the College obtaining an investigative consumer's report on me which may cover such areas as my character, general reputation and mode of living. All prospective employees may be subject to a criminal history check.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the College.

Signature _____ Date _____

*After the form is completed, please print, sign and submit along with a cover letter, resume, list of three references, and unofficial college transcripts, to **Kylene Phipps, Human Resources Director, Miles Community College, 2715 Dickinson Street, Miles City, MT. 59301** or you may email your resume to humanresources@milescc.edu.*

For Personnel Department Use Only

Arrange Interview Yes No

Interviewer _____ Date _____

Remarks _____

Employed Yes No Department _____ Date of Employment _____

Job Title _____ Hourly Rate/Salary _____

By _____ Date _____

**MILES COMMUNITY COLLEGE
APPLICANT SURVEY
EQUAL EMPLOYMENT OPPORTUNITY FORM**

The following information is requested by the Federal Government in order to monitor compliance with Federal laws prohibiting discrimination against applicants seeking to participate in this program. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. We appreciate your cooperation in providing the following information.

SEX: Female Male

RACE: (check one)

- BLACK** (Not of Hispanic Origin) – A person having origins in any of the Black racial groups of Africa.
- HISPANIC** – A person of Mexican, Puerto Rican, Cuban, Central and South American or other Spanish culture or origin, regardless of race.
- ASIAN** or **PACIFIC ISLANDER** – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. The area includes, for example, China, Japan, Korea, and Philippine Islands, and Samoa.
- AMERICAN INDIAN** or **ALASKAN NATIVE** – A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
- WHITE** (Not of Hispanic Origin) - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Veteran's Preference. Miles Community College complies with the Montana Veteran's Employment Preference Act and provides preference in employment to eligible veterans, disabled veterans and certain eligible relatives as specified in the Act. Applicants seeking to claim this preference should contact the Human Resources Office, 2715 Dickinson Street, Miles City, Montana 59301, (406) 874-6292 before the screening or closing date for applications.

Accommodation for Persons with Disabilities. The College is committed to make reasonable accommodation for any known disability that may interfere with an applicant's ability to compete in the selection process or an employee's ability to perform the essential functions of the job. If you have such a disability and would like to request accommodation, please contact our office.

Verification of Employment Eligibility. Miles Community College employs only U.S. citizens and aliens lawfully authorized to work in the United States. Pursuant to the Immigration Reform and Control Act of 1986, we require all new employees to complete the Employment Eligibility Verification Form (I-9) which documents their identity and employment eligibility. The I-9 form must be completed and the appropriate documentation provided within three days of the date employment commences.

Please email or send completed form to phippsk@milescc.edu or Miles Community College, Human Resources Director, 2715 Dickinson Street, Miles City, MT, 59301

Miles Community College is an Equal Opportunity Employer

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize my employer, through their agent, **Verified Credentials**, to obtain information related to past employment, employers, school activities, verification of education, criminal justice agencies, motor vehicle/registration departments, credit checks, professional licensing registries, or other relevant sources of information.

This Information may include, but is not limited to, information about my academic achievement, performance, attendance, disciplinary, employment history, criminal history record information, credit screening, and driving and motor vehicle record.

I authorize **Verified Credentials** to disclose the record of my background investigation to my employer or prospective employer.

I authorize custodians of records and other sources of information pertaining to me to release such information to **Verified Credentials** regardless of any previous agreement to the contrary. I release my employer Services, its officers, employees, and agents, from any liabilities resulting from release of such information

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for one (1) year from the date signed or upon my termination of employment with the employer, which ever is sooner.

Signature _____
Date

Full Name (Print Legibly): _____

Other Names Used: _____

Current Address: _____

Other State(s)/Cities of Residency last 10 years _____

Home Phone: _____ Work/Cell Phone: _____

Date of Birth: _____

Place of Birth: _____

Social Security Number: _____ Drivers License Number & State: _____