



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	Preferred Name		Today's Date
Present Mailing Address							
Permanent Mailing Address (if different from above)							
Social Security Number		Home Phone		Message Phone		Cell Phone	
Do you have a valid Driver's License? Yes No Number: State:				If you are under 18 years of age, do you have a valid Driver's License? Yes No			
Have you ever previously: Applied for work at Ilisaġvik: Yes No Date:				Worked at Ilisaġvik: Yes No Dates:			
I understand that, upon employment, proof of legal right to work in the United States and completion of I-9 will be required. Yes No							
Have you ever been convicted of or pled no contest to a misdemeanor or felony or received a suspended imposition of sentence? Yes No							
Are you currently out on bail or on your own recognizance pending trial? Yes No							
If yes to either, please explain:							
Please list below if you have ever worked or earned a degree under another name:							
Last Name		First Name		Middle			

POSITION DESIRED

Position(s) Applied for :		Salary Desired:		Monthly	Hourly	
Do you have any immediate family members employed at Ilisaġvik College? Yes No		Date Available:				
If yes, please give names:		Type of Employment:		Full-time	Part-time	Temporary
		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 (specify)						

EDUCATION

Indicate Last Level of Education Completed: High School 1 2 3 4 College/University 1 2 3 4 Graduate School 1 2 3 4											
Education	Name, City and State			GPA	Did you graduate?	Major / Minor		Degree Earned			
High School											
College/University											
Graduate School											
Graduate School											
Business/Vocational											
Office Skills	Typing WPM:	Computer:	PC	Mac	Languages Spoken and/or Written, Other Than English:						
Specify software/technical skills:											

MUST BE COMPLETED IN ADDITION TO SUBMITTING A RESUME

Explain any gaps in your employment, other than those due to personal illness, injury or disability:

Have you ever been fired or asked to resign from a job? Yes No
 If yes, please explain:

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

EMPLOYMENT HISTORY Starting with your most recent employer, provide the following information:

Dates Employed: m/d/year	Starting Salary / Wage	Present / Last Employer	
From:	\$		
To:	Ending Salary / Wage	Phone #	Address
	\$		
Supervisor's Name		Supervisor's Title	
Your Duties		Your Title	
Reason for Leaving			

Dates Employed: m/d/year	Starting Salary / Wage	Present / Last Employer	
From:	\$		
To:	Ending Salary / Wage	Phone #	Address
	\$		
Supervisor's Name		Supervisor's Title	
Your Duties		Your Title	
Reason for Leaving			

Dates Employed: m/d/year	Starting Salary / Wage	Present / Last Employer	
From:	\$		
To:	Ending Salary / Wage	Phone #	Address
	\$		
Supervisor's Name		Supervisor's Title	
Your Duties		Your Title	
Reason for Leaving			

PROFESSIONAL REFERENCES (Please List Only References We May Contact at This Time.)

Name	Title and Professional Relationship	Phone Number and Extension
		() Home () Work
		() Home () Work
		() Home () Work
		() Home () 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 Iñisaġvik 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 any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to release any information requested on behalf of the College. I hereby release Iñisaġvik 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
ORDER NUMBER:

FAX: 910.343.9731

Company Name: Iisagvik College - Human Resources

CAC: IL20

Iisagvik College - Human Resources ("the Company") may obtain information about you for employment purposes from a third party consumer reporting agency. 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 **CertifiedBackground.com, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-666-7788**, or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing the Company 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 results, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address, and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York applicants or employees only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

Oregon applicants or employees only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available to you should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or employees only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGEMENT 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, employer, or insurance company to furnish any and all background information requested by **CertifiedBackground.com, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-666-7788**, another outside organization acting on behalf of the Company, and/or the Company 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.

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 _____

Other Names/Maiden/Alias _____

Social Security* # _____ Date of Birth* _____ (mo/day/year)

Driver's License# _____ State _____

Phone# _____

Email _____

Present Address _____

City _____ State _____ Zip _____

County _____

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

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Applicant Signature: _____ Date: _____

For Employer Use Only: Please mark (✓) the searches to be conducted.			
Contact: Linda Stanford		Email: linda.stanford@ilisagvik.edu	
Phone: 907-852-3333		Fax: 907-852-3936	
<input type="checkbox"/> Basic Criminal Package County-Criminal National Record Indicator Social Security Alert Residency History	<input type="checkbox"/> Ultra Criminal Package ST-Criminal-AK National Record Indicator Social Security Alert Residency History	<input type="checkbox"/> US Basic Criminal Package County-Criminal National Record Indicator Social Security Alert Residency History	<input type="checkbox"/> US Ultra Criminal w/names -County-Criminal -National Record Indicator -Social Security Alert -Residency History

**NOTICE REGARDING BACKGROUND INVESTIGATION
PURSUANT TO CALIFORNIA LAW**

Ilisagvik College - Human Resources ("the Company")

intends to obtain information about you for employment purposes from a consumer reporting agency. 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"), 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 **CertifiedBackground.com, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-666-7788**. The source of any credit report will be **CertifiedBackground.com, 1845 Sir Tyler Drive, Wilmington, NC 28405, 888-666-7788**. 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 the California Civil Code 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 a copy be sent to a specified addressee by certified mail. ICRA's complying with requests for certified mailing 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 identify

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.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
<p>1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the Bureau:</p>	<p>a. Bureau of Consumer Financial Protection 1700 G Street NW Washington, DC 20006</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and insured state branches of foreign banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement & Proceedings Department of Transportation 400 Seventh Street SW Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 1925 K Street NW Washington, DC 20423</p>
<p>5. Creditors Subject to Packers and Stockyards Act</p>	<p>Nearest Packers and Stockyards Administration area supervisor</p>
<p>6. Small Business Investment Companies</p>	<p>Associate Deputy Administrator for Capital Access United States Small Business Administration 406 Third Street, SW, 8th Floor Washington, DC 20416</p>
<p>7. Brokers and Dealers</p>	<p>Securities and Exchange Commission 100 F St NE Washington, DC 20549</p>
<p>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</p>	<p>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</p>
<p>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</p>	<p>FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>