



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		Date
Present Mailing Address							
Permanent Mailing Address (if different from above)							
Home Phone		Message Phone			Email		
Do you have a valid Driver's License? Yes No State:				If you are under 18 years of age, do you have a valid Driver's License? Yes No State:			
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	
		Date Available:				
Do you have any immediate family members employed at Ilisaġvik College? Yes No		Type of Employment:		Full-time	Part-time	Temporary
If yes, please give names:		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? Other (specify)		Job Board (specify)	Walk-in	Employment Referral	Internet	Job Channel Website (I.C.)

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 _____