

HUMAN RESOURCES OFFICE
 20000 68th Avenue West, Lynnwood, WA 98036
 (425) 640-1400 www.edcc.edu/hr

Instructions: This application must be filled out completely and signed to be considered. If you need additional space for any category, please attach a sheet to this application. Documents submitted become the property of the college and will not be returned.

Department (one only) _____

Availability for Work: [] Days [] Evenings

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Social Security Number (required by RCW 41.48)

PERSONAL DATA

<i>Last</i>	<i>First</i>	<i>Middle Initial</i>	<i>Mr./Ms./Dr.</i>
Name			
Mailing Address		City	State ZIP
Home Telephone	Business Telephone	Cell Phone or Email Address	

EDUCATION AND TRAINING (please list most recent first)

Have you graduated from high school or received a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Universities or Colleges	Dates (From/To)	Credits Earned (Semester/Qtr)	Degrees Earned	Major

Other Schooling/Training (please include military or other skills training)	Dates (From/To)	Type of Training and/or Skills Learned

Have you ever worked at any other Washington State agency or institution of higher education? If yes, give agency or institution name and dates.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name, relationship and position of relative(s) working for EdCC.	
Have you ever been, or are you now, a member of a Washington State retirement plan? If yes, which one? (TRS I, TRS II, PERS I, PERS II, PERS III, TIAA-CREF, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you provide proof of United States citizenship or authorization to work in the United States? If not a U.S. citizen, what type of work visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you a veteran of the U.S. Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, entrance date _____, discharge date _____.	
Are you willing to work in a corrections facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been employed at Edmonds Community College previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list dates and department(s).	

PREVIOUS WORK EXPERIENCE

Place of Employment/Address	Job Title	Dates (From/To)

If applying for an office or administrative support position, please complete the following:

<input type="checkbox"/> Ten-key adding machine	<input type="checkbox"/> Calculator	Keyboarding speed: _____ wpm
<input type="checkbox"/> Computers (please list): _____	<input type="checkbox"/> Software (please list): _____	
_____	_____	
_____	_____	

List any license(s) you have that are required or applicable to the position, including driver's license if required for the position (e.g., CDL, Network Technician Certificate, Apprenticeships, etc.):

REFERENCES

Name and Address (please list only those who are familiar with your skills)	Occupation or Relationship to You	Phone No.

Are you presently employed? Yes No May we contact your employer? Yes No

I certify that the information I have provided in this application form is correct and complete to the best of my knowledge. I understand that consideration of this application and the continuation of any employment depend upon the true and accurate representation of the facts as stated or implied in this application. In addition, I hereby authorize Edmonds Community College to make inquiries regarding my education, work experience and references, unless otherwise stated.

Applicant's Signature

Date