



**APPLICATION FOR EMPLOYMENT
ASSOCIATE FACULTY
An Equal Opportunity Employer**

HUMAN RESOURCES OFFICE
20000 68th Avenue West, Lynnwood, WA 98036 (425) 640-1400

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.

Start Date: _____

Department (one only) _____

Availability for Work: Days Evenings

Division Department Use Only	
Email _____	_____
Room # _____	Extension _____
Mail Stop _____	Advisor ID _____

PERSONAL DATA

Last	First	Middle Initial	Mr./Ms./Dr.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Name			Social Security Number (required by RCW 41.48)						
Mailing Address			City	State	ZIP				
Home Telephone		Business Telephone	Cell Phone		Email Address				
Emergency Contact	Last	First	Relationship		Phone Number				
Do you want your info to be private? <input type="checkbox"/> Home address <input type="checkbox"/> Phone Number <input type="checkbox"/> Both			Preferred Name						

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 Edmonds Community college, or any other Washington State agency, or another institution of higher education? If yes, give agency or institution name and dates. <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have any relatives working at Edmonds Community College? If yes, list name and relationship. <input type="checkbox"/> Yes <input type="checkbox"/> No
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
Do you hold a Washington State vocational certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FULL-TIME TEACHING EXPERIENCE

Name of School and Address	Position Held and/or Subjects Taught	Dates (From/To)

PART-TIME TEACHING EXPERIENCE

Name of School and Address	Position Held and/or Subjects Taught	Dates (From/To)

OTHER FULL-TIME EMPLOYMENT

Place of Employment and Address	Type of Work	Dates (From/To)

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