



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

# APPLICATION FOR EMPLOYMENT PART-TIME ACADEMIC

An Equal Opportunity Employer

*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

Start Date: \_\_\_\_\_

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

## PERSONAL DATA

Last	First	Middle Initial	Mr./Ms./Dr.
Name			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mailing Address			City _____ State _____ ZIP _____ Social Security Number (required by RCW 41.48)
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 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
Have you been convicted of a felony within the last seven years which may relate to your fitness to perform the particular job for which you are applying? (A conviction record is not an automatic bar from employment. The nature of the offense and evidence of rehabilitation will be considered.) If yes, please explain.	<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