



APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for your signature on the back of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences of discrimination based upon non job-related information.

Position(s) Applied for: _____ Today's Date: _____

Type of employment you are seeking: Full-time _____ Part Time _____ Temporary _____

Location(s) of position _____ Date you could start _____

LAST NAME	FIRST NAME	E-MAIL ADDRESS
_____	_____	_____

TELEPHONE NUMBER	DAYTIME PHONE NUMBER WHERE YOU CAN BE REACHED
_____	_____

PRESENT STREET ADDRESS	CITY	STATE	ZIP CODE
_____	_____	_____	_____

MAILING ADDRESS IF DIFFERENT THAN STREET ADDRESS _____

Are you 18 years of age or older?.....Yes No
(If you are hired you may be required to submit proof of age.)

If hired, can you furnish proof you are eligible to work in the U.S.?.....Yes No

Have you ever interviewed for a position with CMC?..... Yes No If yes, where? _____

Were you ever employed here?..... Yes No If yes, when? _____

Do you expect to be engaged in any additional business or employment in addition to the job for which you are applying?

Yes No If yes, please explain _____

If it is a position requirement, are you willing to travel?..... Yes No If yes, percent of time? _____

EDUCATION

<i>List Names of All Institutions Attended</i> High School or GED _____ _____ _____	Number of Years Completed	Diploma/Degree Certificate
College or University _____ _____ _____		
Vocational or Technical _____ _____ _____		

SPECIAL SKILLS

Please list any foreign languages you read, write, or speak and your level of proficiency with each: _____

Office Skills: Typing _____ WPM Shorthand _____ WPM

What machines or equipment can you operate that are related to the job for which you are applying?

For driving jobs only: Do you have a valid driver's license? Yes No

Driver's license number: _____ Class of license: _____ State licensed in: _____

Have you ever had your driver's license suspended or revoked in the last three years?..... Yes No

If yes, give details _____

List professional, trade, business or civic activities and offices held (exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, or other protected status.) _____

COMPLETE THIS SECTION ONLY IF APPLYING FOR A TEACHING POSITION

TEACHING EXPERIENCE (Including student teaching)

From (month/year)	To (month/year)	Credit or Contact Hours	Name and Address of Employer and Supervisor	Subject Taught

WORK HISTORY

List names of employers in consecutive order with present or most recent employer listed first. Account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

Name of Employer	Supervisor
Address	Employed
City, State, Zip Code	From (month/year) To (month/year)
Telephone	Pay
	Start \$ Final \$
Title	Reason for Leaving
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
Duties	
Name of Employer	Supervisor
Address	Employed
City, State, Zip Code	From (month/year) To (month/year)
Telephone	Pay
	Start \$ Final \$
Title	Reason for Leaving
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
Duties	
Name of Employer	Supervisor
Address	Employed
City, State, Zip Code	From (month/year) To (month/year)
Telephone	Pay
	Start \$ Final \$
Title	Reason for Leaving
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
Duties	
Name of Employer	Supervisor
Address	Employed
City, State, Zip Code	From (month/year) To (month/year)
Telephone	Pay
	Start \$ Final \$
Title	Reason for Leaving
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	
Duties	

REFERENCES

Have you worked or attended school under any other names?.....Yes No

If yes, give names:_____

Are you presently employed?..... Yes No

If yes, may we contact your present employer?..... Yes No

Have you ever been fired from a job or asked to resign?..... Yes No

If yes, please explain_____

Please list three professional references whom the College may contact who have knowledge of your work/teaching experience and to who you are not related.

Name	Address	Telephone

AFFIDAVIT

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all the information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand that I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME.

I have read, understand, and by my signature consent to these statements.

Signature:_____ Date:_____

Applications are not maintained on active status. The College only accepts applications for vacancies currently open.