

APPLICATION FOR EMPLOYMENT

Lane Community College is committed to equal opportunity in employment and education, affirmative action, cultural diversity, and compliance with the Americans with Disabilities Act. The College is committed to providing a respectful working and learning environment that is free from discrimination and harassment and free from retaliation. The College does not discriminate in employment, admissions and access to programs, activities and services on the basis of race, color, national origin, sex, marital status, family relationship, sexual orientation, pregnancy, age, disability, religion or other protected class status. This commitment is made by the College in accordance with applicable federal, state and local laws and regulations. Inquiries regarding these laws may be directed to José Ortal, Director of AA/EO, Lane Community College, or to the Equal Employment Opportunity Commission, Seattle, WA, or to the Office for Civil Rights, U.S. Dept. of Education, Seattle, WA.

**Lane
Community
College**

4000 East 30th Avenue
Eugene, OR 97405-0640
(541) 463-3000

Applicants with disabilities needing assistance throughout the application/interview process may contact Sharon Daniel or Elizabeth Andrade at (541) 463-5211. TDD (541) 744-3999.



Position Applied For _____
Posting Number _____

EDUCATION
Circle highest year completed in school: 9 10 11 12 13 14 15 16 17 18

HIGH SCHOOL – TRADE, TECHNICAL/VOCATIONAL AND CORRESPONDENCE SCHOOLS

Name and location	Subject or field	Degree or diploma	No. of years attended

COLLEGES AND UNIVERSITIES

Name and Location	Major	Credits Earned		Degree	Date Attended
		Quart. Hrs.	Sem. Hrs.		

SPECIAL SKILLS RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING:

Computers Used _____

 Software Used _____

 _____ Typing Speed _____
 Other Office Machines _____

 Licenses Held _____
 Vocational training, certificates or other qualifications which relate to this position _____

The following space has been provided for any additional information you may wish to include in your application:

Date _____

 Social Security Number _____

Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Telephone _____
 Message Phone _____

If currently employed, may we contact your employer? Yes No

Under what name would your former employers know you? _____

Work Experience

List all experience that should be considered during the screening/interview and salary placement processes. Begin with the most recent experience first and account for any break in employment. Departments are not required to consider incomplete applications. To ensure full consideration, do not leave any section of this form blank. A resume may be attached to provide additional information but it cannot take the place of this application form or any section thereof.

Employing Firm _____	Department _____	Type of Business _____
Address _____		
Phone _____	Supervisor _____	Total Time Employed:
Your Title _____		Years _____ Mos. _____
Specific Duties _____		From _____ To _____
_____		Full-Time ___ Part-Time ___
_____		If Part-Time, no. of hrs/wk _____

_____		Starting Salary _____
_____		Ending Salary _____
Reason for Leaving _____		

Employing Firm _____	Department _____	Type of Business _____
Address _____		
Phone _____	Supervisor _____	Total Time Employed:
Your Title _____		Years _____ Mos. _____
Specific Duties _____		From _____ To _____
_____		Full-Time ___ Part-Time ___
_____		If Part-Time, no. of hrs/wk _____

_____		Starting Salary _____
_____		Ending Salary _____
Reason for Leaving _____		

Employing Firm _____	Department _____	Type of Business _____
Address _____		
Phone _____	Supervisor _____	Total Time Employed:
Your Title _____		Years _____ Mos. _____
Specific Duties _____		From _____ To _____
_____		Full-Time ___ Part-Time ___
_____		If Part-Time, no. of hrs/wk _____

_____		Starting Salary _____
_____		Ending Salary _____
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Employing Firm _____	Department _____	Type of Business _____
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Phone _____	Supervisor _____	Total Time Employed:
Your Title _____		Years _____ Mos. _____
Specific Duties _____		From _____ To _____
_____		Full-Time ___ Part-Time ___
_____		If Part-Time, no. of hrs/wk _____

_____		Starting Salary _____
_____		Ending Salary _____
Reason for Leaving _____		

I understand that Lane Community College will thoroughly investigate my work and educational history and verify all data given on the application, related papers, and interviews. I authorize Lane Community College to perform said reference checks and investigations and release them from all liability or damage in obtaining this information as long as they act in a manner consistent with applicable state and federal laws. I authorize all individuals, schools, employers and firms named herein to provide any information requested about me and I release them from all liability for damage in providing this information, as long as information is given in good faith. The information I have supplied is true and complete to the best of my knowledge. I understand that false statements on this application may be considered sufficient cause for elimination of my application from consideration or, if employed, for dismissal.

If employment is obtained under this application, I will comply with all rules and regulations of the College. I agree to be responsible for any College property and equipment issued to me until returned to the College and agree to pay for any property and equipment which I do not return.

Signature: _____

How did you learn of this vacancy? _____ Posting Number _____

(Please list name of publication, location of job notice, etc.)

VOLUNTARY INFORMATION

This information is collected for equal employment opportunity/affirmative action recordkeeping purposes only and is not required to receive full consideration for employment. If provided, it will neither enhance nor detract from your opportunity for employment. Voluntary information provided on the sex and ethnicity status of applicants will not become part of any personnel file nor will it be made available to those making employment decisions.

- | | | | |
|--|---|---|---------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Disabled | |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Black | <input type="checkbox"/> White | <input type="checkbox"/> Male |
| <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Other (specify)_____ | <input type="checkbox"/> Female |