

# Application for Employment



**Western Iowa Tech  
Community College**  
4647 Stone Avenue, P.O. Box 5199  
Sioux City, Iowa 51102-5199  
(712) 274-6400  
hr@witcc.com

Position(s) applied for: \_\_\_\_\_  
\_\_\_\_\_

Date of Application \_\_\_\_\_

*Please complete application in full and answer all questions completely. Type or print legibly. Indicate N/A if not applicable. Do not indicate "See Resume." A resume may be attached to provide additional information. Incomplete applications may not be given consideration for employment.*

## Personal Information

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street/P.O. Box City State Zip

Social Security Number \_\_\_\_\_

Telephone #: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_, Ext. \_\_\_\_\_

E-mail or Fax, if available: \_\_\_\_\_ Mobile/Beeper/Other Phone #: (\_\_\_\_) \_\_\_\_\_

May we contact you at work?  Yes  No If yes, best time \_\_\_\_\_  A.M.  P.M.

Type of employment desired:  Full-Time  Part-time  Temporary  Seasonal

Have you previously been employed at Western Iowa Tech Community College?  Yes  No

If yes, when? \_\_\_\_\_ What position? \_\_\_\_\_

Are you related to anyone who is employed by Western Iowa Tech Community College?  Yes  No

If yes, provide name and relationship: \_\_\_\_\_

Are you legally authorized to work in the United States?\*  Yes  No

*\*As required by federal law, Western Iowa Tech will hire only United States citizens and aliens authorized to work in the United States. All new employees will be required to complete an "Employment Eligibility Verification Form" [Form I-9] and produce requested documentation after employment.*

Will you work overtime if required?  Yes  No Will you travel if job requires it?  Yes  No

Have you ever been convicted of, or pleaded guilty or "no contest" to, or received a deferred judgment or suspended sentence relating to a criminal offense, excluding traffic offenses?  Yes  No If you answered yes, please briefly explain: (A "yes" response will not automatically disqualify you from employment.)

\_\_\_\_\_  
\_\_\_\_\_

## Military or other war service in the Armed Forces of the United States

Please give inclusive dates, branch of service, and final rank. Iowa Veteran's Preference Law applies to honorably discharged persons who served in the military or naval forces of the U.S. in certain specified periods of time.

Active \_\_\_\_\_

Reserve \_\_\_\_\_

Answer these questions only if the box has been checked:

Do you have a valid driver's license?

Has your driver's license been suspended or revoked?

Have you ever been involved in a traffic accident or been cited for a traffic violation in the previous five years?

Has your automobile insurance ever been canceled or have you ever been rejected for automobile insurance?

If you answered "yes" to any of the three previous questions, please briefly explain: (A "yes" response will not automatically disqualify you from employment.)

\_\_\_\_\_  
\_\_\_\_\_

## Skills and Qualifications

*\*This section must be completed; do not refer to resume.*

Provide the following information for your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED FROM TO		SUMMARIZE THE TYPE OF WORK PERFORMED AND THE JOB RESPONSIBILITIES
ADDRESS	CITY, STATE, ZIP			
JOB TITLE	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	STARTING SALARY		
IMMEDIATE SUPERVISOR & TITLE		\$	PER	
REASON FOR LEAVING		FINAL SALARY		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED FROM TO		SUMMARIZE THE TYPE OF WORK PERFORMED AND THE JOB RESPONSIBILITIES
ADDRESS	CITY, STATE, ZIP			
JOB TITLE	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	STARTING SALARY		
IMMEDIATE SUPERVISOR & TITLE		\$	PER	
REASON FOR LEAVING		FINAL SALARY		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED FROM TO		SUMMARIZE THE TYPE OF WORK PERFORMED AND THE JOB RESPONSIBILITIES
ADDRESS	CITY, STATE, ZIP			
JOB TITLE	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	STARTING SALARY		
IMMEDIATE SUPERVISOR & TITLE		\$	PER	
REASON FOR LEAVING		FINAL SALARY		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED FROM TO		SUMMARIZE THE TYPE OF WORK PERFORMED AND THE JOB RESPONSIBILITIES
ADDRESS	CITY, STATE, ZIP			
JOB TITLE	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	STARTING SALARY		
IMMEDIATE SUPERVISOR & TITLE		\$	PER	
REASON FOR LEAVING		FINAL SALARY		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED FROM TO		SUMMARIZE THE TYPE OF WORK PERFORMED AND THE JOB RESPONSIBILITIES
ADDRESS	CITY, STATE, ZIP			
JOB TITLE	<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	STARTING SALARY		
IMMEDIATE SUPERVISOR & TITLE		\$	PER	
REASON FOR LEAVING		FINAL SALARY		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	PER	

Please explain any breaks of unemployment in you employment history.

From \_\_\_\_\_ To \_\_\_\_\_ Reason \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason \_\_\_\_\_

## Educational Background

High School Diploma/GED:       YES       NO      IF NO, INDICATE HIGHEST GRADE COMPLETED \_\_\_\_\_

NAME AND LOCATION OF COLLEGES UNIVERSITIES ATTENDED (LIST MOST RECENT FIRST)	DATES ATTENDED	LIST DEGREE OR DIPLOMA AWARDED & DATE RECEIVED	MAJOR/MINOR

## Skills and Qualifications

List all valid professional licenses, occupational certificates, registrations, etc., you hold. Include the licensure/certification/registration number, state of issuance, and date of expiration. If your licensure/certification/registration has ever been suspended or revoked, please explain briefly.

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Include other employment skills, special training, or related courses that you would like considered as part of your application.

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List any volunteer work/experiences that you would like considered as part of your application.

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Briefly explain why you want to work for Western Iowa Tech Community College and what you will bring to the position. (Attach an additional sheet if needed.)

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## References

1. Current Supervisor: May we contact your current supervisor?  Yes  No

Name	Organization	Address		
Title	Phone	City	State	Zip

2. Other professional references (do not include immediate supervisors listed in employment section):

Name	Organization	Address		
Title	Phone	City	State	Zip

Name	Organization	Address		
Title	Phone	City	State	Zip

Name	Organization	Address		
Title	Phone	City	State	Zip

### Referral Source:

Advertisement  Employee  Relative  Government Employment Agency  Walk-in  Private Employment Agency  
 Other \_\_\_\_\_ Name of source (if applicable) \_\_\_\_\_

## Employment Application Provisions

Western Iowa Tech Community College, Sioux City, Iowa, does not discriminate on the basis of age, race, religion, creed, color, sex, national origin, disability, or veteran status in any of its policies, procedures or practices. This nondiscrimination policy covers admissions, access, and treatment in the College's programs and activities, and application for and treatment in employment. The College is an affirmative action/equal opportunity employer.

Inquiries regarding the College's equal opportunity policies may be directed to the Affirmative Action/EEO and Title IX Compliance Officer, Western Iowa Tech Community College, 4647 Stone Avenue, P.O. Box 5199, Sioux City, Iowa 51102-5199 (Phone 712-274-6400). In addition, inquiries may be directed to the Sioux City Human Rights Commission, the Iowa Civil Rights Commission, and the Equal Employment Opportunity Commission.

I hereby consent to the College verifying all the information I have provided on this application form. I also agree to sign, as a condition of employment, any additional written authorizations necessary for the College to obtain access to and copies of records pertaining to this information, including, but not limited to, a waiver authorizing the College to obtain a check of my criminal history. I hereby release and discharge the College and any other person, firm, agency, or corporation from any and all claims which I may ever have or claim to have relating to information provided to the College as part of my application for employment.

I hereby certify that the statements made by me in this application and all related information which I have provided are true, accurate and complete to the best of my knowledge. I understand that if I provide any false, inaccurate, or incomplete information, I will not be eligible for employment, or, if I am hired, I will be subject to disciplinary action or dismissal regardless of the date on which the College discovers the violation of its policy regarding application form dishonesty.

I understand that, if an employment relationship is established and a written contract is entered into between the College and me, the College can terminate my employment pursuant to the terms of the contract and Iowa law. If an employment relationship is established and no written contract is entered into between the College and me, I will be considered an employee at will and my employment relationship can be terminated by either the College or me at any time and for any reason.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_