



All employment decisions are made without regard to unlawful considerations of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, military and veteran status, or any other legally protected status. Reasonable accommodations are available to qualified disabled individuals, upon request.

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION -- Please Print

LAST NAME		FIRST NAME		MIDDLE NAME
ADDRESS (street address)			(City, State/Zip)	
TELEPHONE # (home) (work) (cell Number)	May we call you at work? <input type="checkbox"/> yes <input type="checkbox"/> no May we call you on your cell Phone? <input type="checkbox"/> yes <input type="checkbox"/> no May we contact you by email? <input type="checkbox"/> yes <input type="checkbox"/> no		Are you age 18 or over? <input type="checkbox"/> yes <input type="checkbox"/> no If no, you will be required to provide a valid work permit or proof of graduation from high school or the equivalent, if hired. If offered employment with Summit College , will you be able to provide documentation that you are authorized to work in the United States? <input type="checkbox"/> yes <input type="checkbox"/> no	
Email Address				
As a condition of employment with Summit College , successful candidates must provide written documentation to prove either citizenship or proper authorization to work in the United States. Specific instructions will be provided prior to your first day of employment regarding legally required documentation.				

POSITION INFORMATION

POSITION(S) APPLYING FOR: _____	What is your desired salary or rate of pay? \$ _____ per _____	Type of work desired: Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> FWS <input type="checkbox"/> Temporary (Substitute) <input type="checkbox"/>
If applying for temporary work, during what period of time will you be available? From _____ To _____	Are you available to work weekends? <input type="checkbox"/> yes <input type="checkbox"/> no Are you available to work nights? <input type="checkbox"/> yes <input type="checkbox"/> no Are you available to travel? <input type="checkbox"/> yes <input type="checkbox"/> no <i>Please be advised that travel to other campuses or clinical sites may be a job requirement for some positions</i>	What hours are you available? _____ Would you be available to work overtime, if necessary? <input type="checkbox"/> yes <input type="checkbox"/> no <i>Please be advised that overtime may be a job requirement for some positions</i>
What date will you be available to begin work?		Will you accept temporary work? <input type="checkbox"/> yes <input type="checkbox"/> no
If hired as a clinical instructor, would you have a reliable means of transportation to and from work? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> na		
Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? <input type="checkbox"/> yes <input type="checkbox"/> no (A Company representative will provide a job description which includes the essential functions of the position, if needed.) <i>(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests and/or licensure requirements.)</i>		
How were you referred to Summit College ? <input type="checkbox"/> Advertisement <input type="checkbox"/> Community Agency <input type="checkbox"/> College Job Board <input type="checkbox"/> EDD <input type="checkbox"/> Employment Agency <input type="checkbox"/> Walk In <input type="checkbox"/> College Recruiting <input type="checkbox"/> Employee Referral (name) _____ <input type="checkbox"/> Other (please explain): _____		
Have you ever applied to or worked for Summit College before <input type="checkbox"/> yes <input type="checkbox"/> no		If Yes When? _____
Do you have any friends or relatives working for Summit college <input type="checkbox"/> yes <input type="checkbox"/> no		
If yes, please state name(s) and relationships:		
Name	Relationship	
Name	Relationship	



EDUCATION INFORMATION

	Name/Location of School (city/state)	Course of Study/ Major	# of Years/Highest Grade Completed	Diploma/License Received?
High School				<input type="checkbox"/> yes <input type="checkbox"/> no
College/University				<input type="checkbox"/> yes <input type="checkbox"/> no
Graduate School				<input type="checkbox"/> yes <input type="checkbox"/> no
Trade School				<input type="checkbox"/> yes <input type="checkbox"/> no
Industry Training				<input type="checkbox"/> yes <input type="checkbox"/> no

Do you have any educational, employment or other related records in any other name?
☐ yes ☐ no If yes, please specify: _____

Do you have any other experience, training, qualifications, or skills that you feel make you especially suited for work at Summit College?
 If so, please explain: _____

Do you speak, write or understand any foreign languages? If so, which language(s)?

Answer the following questions if you are applying for a professional position:

Are you licensed/certified for the job applied for		<input type="checkbox"/> yes <input type="checkbox"/> no	
Name of license/certification		Issuing state:	
License/certification number			
Has your license/certification ever been revoked or suspended?		<input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, state reason(s), date of revocation or suspension, and date of reinstatement			

WORK HISTORY List work history (paid or unpaid), most recent first. If you have additional work history, please attach a resume.

Work History	Dates Employed	
Job Title:	From:	To:
Company Name:		
Company Address:		
Supervisor Name:	Phone:	May we contact for a reference? <input type="checkbox"/> yes <input type="checkbox"/> no
Please briefly describe your job duties:		Reason for leaving:

Work History	Dates Employed	
Job Title:	From:	To:
Company Name:		
Company Address:		
Supervisor Name:	Phone:	May we contact for a reference? <input type="checkbox"/> yes <input type="checkbox"/> no



Please briefly describe your job duties:		Reason for leaving:	
Work History		Dates Employed	
Job Title:		From:	To:
Company Name:			
Company Address:			
Supervisor Name:		Phone:	May we contact for a reference? <input type="checkbox"/> yes <input type="checkbox"/> no
Please briefly describe your job duties:		Reason for leaving:	
Military Service			
Have you ever been in the Armed Forces? <input type="checkbox"/> yes <input type="checkbox"/> no			
Are you now a member of the National Guard or a Reserve Unit? <input type="checkbox"/> yes <input type="checkbox"/> no			
Specialty		Date Entered	Discharge Date
Have you obtained any special skills or abilities as the result of service in the military? <input type="checkbox"/> yes <input type="checkbox"/> no			
If yes, describe:			

REFERENCES

Name/Relationship	Address/Phone	Business	Years Known
1			
2			
3			

Please Read Carefully

I hereby certify that the information contained in this application form (and any resume submitted) is true and correct to the best of my knowledge and agree to have any of the statements checked by **Summit College** unless I have indicated to the contrary. I understand that any misrepresentations, falsification, or material omission of information on this application may result in my failure to receive an offer, or, if I am hired, in my dismissal from employment.

IF HIRED, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT WILL BE AT-WILL AND MAY BE TERMINATED AT THE OPTION OF EITHER SUMMIT COLLEGE OR MYSELF, AT ANY TIME, WITH OR WITHOUT CAUSE OR ADVANCE NOTICE. In connection with this at-will policy, I understand that Summit College reserves the right to alter my position and to impose any form of discipline it determines is appropriate, at any time, at its sole discretion. I further understand that the at-will employment relationship cannot be altered unless it is done specifically, in writing, and signed by the Chief Executive Officer of Summit College.

I have read the provisions set forth above and agree to all of the terms and conditions stated therein.

Applicant Signature *

Date

☐ Check here to sign and date electronically. Electronic signers, please type your full name in the "signature" field and type today's date in the "date" field. Your electronic signature will serve as your acknowledgment of the terms and conditions herein.