Employment Application Labette Community College 200 S 14th Street Parsons, KS 67357 www.labette.edu

An Equal Opportunity Employer Return to the office of Human Resources



		Student l	Union Buildin	g, Room SU2	207			
Name (as appears on Driver's License or SS Card):						Date:	Date:	
Street:								
City:	State:		Zip:					
Telephone number including area code			Email Addre	ss:		•		
Work:								
Hom	e:		May we con	tact you at y	our place of employ	/ment?		
Cell:				Yes	No			
Referral Source: LCC Website		•		Relative				
Other Website (please name site)					Friend			
Newspaper (please name)					Walk In			
Employee					Other not Show	wn		
Type of Work or Position Desire	d:							
Do you wish to work Full Tin	ne l	Date ava	ailable for wo	·k:	Have you been 6	emploveed at I	CC before?	
Part Tii		Date ava	as.e ioi wo.		•	Yes	No	
Do any of your relatives work at	: LCC?		Yes	No				
If so, please explain.								
Have you previously applied for	employme	nt at LCC?)	Yes	No			
If yes, when and what position?								
Have you ever been dismissed o		resign fror	m previous jo	b?	Yes	No		
yes, anen ana isi imaci eassi								
Are you legally authorized to work in the United States?				Yes	No			
Have you ever been convicted o (a "yes" response will not auton If yes, explanation:	•			•	ony offense?	Yes	No	
	* A NI	FOLIAL		INITY EN	1PI O Y F R *			

Education and Training					
Name, Address, City and State for each School Listed	Years Completed & Dates of Attendance	Degree, Major or Type of Course or Training			
High School					
Community College					
College/University					
Other Education					
List trade or professional organizations of which you a professional licenses and certification you consider sig (including years of study) apprenticeships or skills not of race, color, religion, sex, national origin, age, mariti	nificant. List specialized training, already indicated. (Do not includ	if appropriate, e. e information tha	.g. keyboarding,		
PROFESSIONAL REFERENCES (Not Employers or Relatives - At Least Three)					
Name, Address, City, State , Zip, Email	Occupation	Phone			
1.					
2.					
3.					

EMPLOY				
Employer	Employed Yes No	Telephone	Salary	
Address, City, State and Zip	From (Mo/Yr)	Supervisor's Name and Phone Number		
	To (Mo/Yr)	Your Job Title		
Duties				
Reason for Leaving				
Employer	Employed	Telephone	Salary	
	Yes No	Тегерпопе	Salary	
Address, City, State and Zip	From (Mo/Yr)	Supervisor's Name and Phone Number		
	To (Mo/Yr)	Your Job Title		
Duties	l			
Reason for Leaving				
	Employed Yes No	Telephone	Salary	
Employer	Employed Yes No From (Mo/Yr)	Telephone Supervisor's Name a		
Reason for Leaving Employer Address, City, State and Zip	Yes No	·		
Employer Address, City, State and Zip	Yes No From (Mo/Yr)	Supervisor's Name a		
Employer Address, City, State and Zip Duties	Yes No From (Mo/Yr)	Supervisor's Name a		
Employer Address, City, State and Zip Duties	Yes No From (Mo/Yr)	Supervisor's Name a		
Employer Address, City, State and Zip Duties Reason for Leaving	Yes No From (Mo/Yr) To (Mo/Yr) Employed	Supervisor's Name a		
Employer Address, City, State and Zip Duties Reason for Leaving Employer	Yes No From (Mo/Yr) To (Mo/Yr)	Supervisor's Name a	and Phone Number Salary	
Employer Address, City, State and Zip Duties Reason for Leaving	Yes No From (Mo/Yr) To (Mo/Yr) Employed Yes No	Supervisor's Name a Your Job Title Telephone	and Phone Number Salary	
Employer Address, City, State and Zip Duties Reason for Leaving Employer	Yes No From (Mo/Yr) To (Mo/Yr) Employed Yes No From (Mo/Yr)	Supervisor's Name a Your Job Title Telephone Supervisor's Name a	and Phone Number Salary	

I certify that the information I have given is complete, true and correct to the best of my knowledge and belief. I further affirm that I have not knowingly withheld any facts or circumstances in completing this application. I also agree that falsified information or significant ommissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date in the event I am employed by Labette Community College.

I authorize persons, schools, my current or previous employers, and other organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

I also understand that if I am hired, I will be reqired to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form in this regard.

By checking this box and typing my name below, I am electronically signing this application.				
Applicants Signature	Date			

Labette Community College in compliance with federal and state laws, regulations and nondiscrimination, does not discriminate on the basis of race, color, religion, gender identity, sexual orientation, national origin, age, marital status, ancestry, genetic information, and qualified handicapped in its education programs, activities, recruitment, admissions, or employment as required by Titles VI, VII, IX, and Section 504 of the Rehabilitation Act of 1973. Inquiries should be directed to: Director of Human Resources, Labette Community College, 200 South 14th Street, Parsons, KS 67357. Telephone (620) 421-6700 extension 1234, e-mail hr@labette.edu.

Revised: 2/23