



**Coconino
Community
College**

2800 S. Lone Tree Road Flagstaff, AZ 86001-2701
928/527-1222 800/350-7122 FAX 928/226-4114
www.coconino.edu

**APPLICATION
FOR
EMPLOYMENT**

*It is necessary to answer each question as completely as possible even if you attached a resume.
 A separate application is required for each position for which you apply (copies acceptable).*

POSITION APPLYING FOR: _____
 JOB NUMBER: _____ DEPARTMENT: _____

PERSONAL INFORMATION

Social Security Number: _____ Application Date: _____
 (Optional)
 Applicant Name: Last: _____ First: _____ Middle: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Residence Phone Number: _____ Work Phone Number: _____ E-Mail: _____

NOTICE TO APPLICANT

Due to a 1991 Arizona Supreme Court decision, if you are interviewed or selected as a finalist for a position with Coconino Community College, your application/resume are considered "public records". Public records are required by law to be made available during normal business hours to any person, including the news media.

Coconino Community College reaffirms its commitment to the policy of equal opportunity in employment and education regardless of race, color, religion, creed, age, gender, national origin, physical or mental disability, or veteran status in accordance with applicable federal and state statutes and regulations.

Authority to work in the United States: It is Coconino Community College's intention to hire only legally authorized workers. In compliance with the Immigration Reform and Control Act of 1986, all employees hired after November 6, 1986, are required to provide proof of identity and employment eligibility at the time employment is extended. Applicants must be presently authorized to work in the United States on a full-time basis. This organization does not sponsor individuals for the purpose of obtaining H-1 status.

I affirm that all information given by me in this application is true. I understand that false information (misrepresentation or omission of information) will disqualify me for employment or cause my subsequent dismissal. I authorize investigation of all statements contained herein. I also authorize all previous employers and any other persons, including references listed to release any and all information concerning my previous employment and any pertinent information they may have and release all parties from any liability for any damages that may result from furnishing such information.

I further understand and agree that, if employed by the College, I will have no expectation of privacy in desks, files, lockers, or any other property owned by the College. If I accept employment as a non-exempt employee, I agree to work overtime when requested to do so and I understand and agree that overtime may be compensated either by monies or compensatory time off at the discretion of the supervisor. I further understand that employment of non-exempt staff is subject to a nine-month probationary period. If I accept employment as a full-time faculty member, I understand that my employment is subject to a two-year probationary period.

Signature of Applicant _____ Date: _____

CCC is an Equal Opportunity/Affirmative Action Institution.

This material may be made available in an alternative format upon request by contacting the Human Resources Office at (928) 527-1222

EDUCATIONAL HISTORY

Check the last grade completed in elementary or high school: Name and Location of Last High School (City/State):

1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, GED

SCHOOL NAME/LOCATION	Credit Hours Completed	Type of Degree	Curriculum	
			Major	Minor
College or University:				
		Degree Earned <input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University:				
		Degree Earned <input type="checkbox"/> Yes <input type="checkbox"/> No		
College or University:				
		Degree Earned <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Training (Business, Vocational or Technical School)				
		Degree Earned <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please list any additional courses or seminars you have attended which may further qualify you for this position.

OTHER IMPORTANT INFORMATION

Specify office machines, computer equipment, or other equipment that you can operate, (if applicable to position for which you are applying.)

Specify computer software you can use and years of experience.

List professional organizations, affiliations and/or honors.

Number of hours you can work each week: List days and times you are available:

- Have you ever been convicted of anything other than minor traffic violations? * NO YES
Explain:
- Have you ever been disciplined or dismissed for misconduct in the workplace? * NO YES
Explain:
- If you answered yes to either of the above, please explain on a separate sheet of paper and submit with application.
- Does Coconino Community College employ a relative of yours? NO YES
If yes, list name(s) and relationship.
- Have you ever been employed at Coconino Community College? If yes when/ what position? NO YES

**Note: You may attach additional sheets if needed. A yes answer will not automatically preclude you from employment. A conviction will not necessarily bar you from employment. Each conviction will be judged on its own merits with respect to time, circumstance and seriousness.*

RECORD OF EMPLOYMENT

Fill in completely beginning with present or most recent position held.
THIS SECTION MUST BE COMPLETED EVEN IF A RESUME IS ATTACHED.

If more space is needed, please attach additional sheets.

Name of present or last employer & address (include city and state)/Type of Business			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours worked per week	
Name of Supervisor	Job Title	Phone Number	Starting Date (m/y)	Leaving Date(m/y)
Second Contact	Job Title	Phone Number	Starting Pay	Ending Pay
Job Title/Description of Work and Responsibilities:			Reason for Leaving:	
Name of next previous employer & address (include city and state)/Type of Business			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours worked per week	
Name of Supervisor	Job Title	Phone Number	Starting Date(m/y)	Leaving Date(m/y)
Second Contact	Job Title	Phone Number	Starting Pay	Ending Pay
Job Title/Description of Work and Responsibilities			Reason for Leaving	
Name of next previous employer & address (include city and state)/Type of Business			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours worked per week	
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Job Title/Description of Work and Responsibilities			Reason for Leaving	
Name of next previous employer & address (include city and state)/Type of Business			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours worked per week	
Name of Supervisor	Job Title	Phone Number	Starting Date(m/y)	Leaving Date(m/y)
Second Contact	Job Title	Phone Number	Starting Pay	Ending Pay
Job Title/Description of Work and Responsibilities			Reason for Leaving	

Name of next previous employer & address (include city and state)/Type of Business	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
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