



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

| | | | |
|---|---|------------------|---|
| LAST NAME | | FIRST NAME | |
| MIDDLE NAME | | OTHER LAST NAMES | |
| PERSONAL PRONOUN (PLEASE INDICATE): <input type="checkbox"/> HE/HIM/HIS <input type="checkbox"/> SHE/HER/HERS <input type="checkbox"/> MULTIPLE PRONOUNS USED <input type="checkbox"/> THEY/THEM/THEIRS <input type="checkbox"/> PRONOUNS DO NOT APPLY <input type="checkbox"/> PREFER NOT TO ANSWER | | | |
| ADDRESS (NUMBER, STREET, BUILDING) | | | |
| CITY | STATE | ZIP CODE | COUNTY |
| EMAIL ADDRESS | | PHONE NUMBER | |
| ARE YOU 18-YEARS-OLD OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO. IF NO, WHAT IS YOUR DATE OF BIRTH? _____ | ARE YOU AN ANNUITANT WITH STATE UNIVERSITIES RETIREMENT SYSTEM (SURS)? <input type="checkbox"/> YES <input type="checkbox"/> NO | | ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES ON A CONTINUOUS BASIS? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| HIGHEST DEGREE OR DIPLOMA: | SCHOOL: | | DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO |

POSITION DESIRED

POSITION(S) DESIRED: _____ ☐ FULL-TIME
☐ PART-TIME

AVAILABILITY DATE: _____

REFERENCES

| |
|------------------------------|
| NAME AND TITLE OF REFERENCE: |
| ADDRESS: |
| PHONE: |
| NAME AND TITLE OF REFERENCE: |
| ADDRESS: |
| PHONE: |
| NAME AND TITLE OF REFERENCE: |
| ADDRESS: |
| PHONE: |

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR CURRENT EMPLOYER? ☐ YES
☐ NO

SKIP THE FOLLOWING SECTION IF YOUR EMPLOYMENT IS LISTED ON YOUR RESUME

PLEASE LIST EMPLOYMENT, BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER:

| | | |
|---------------------------|------------|--|
| EMPLOYER | POSITION | <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME |
| EMPLOYER PHONE | | |
| EMPLOYER'S ADDRESS | | |
| SUPERVISOR'S NAME & TITLE | | |
| FROM (MO/YR) | TO (MO/YR) | |
| REASON FOR LEAVING | | |

| | | |
|---------------------------|------------|--|
| EMPLOYER | POSITION | <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME |
| EMPLOYER PHONE | | |
| EMPLOYER'S ADDRESS | | |
| SUPERVISOR'S NAME & TITLE | | |
| FROM (MO/YR) | TO (MO/YR) | |
| REASON FOR LEAVING | | |

Declaration: I hereby certify that the information I have provided is complete, true, and correct. Any misrepresentation of information and/or omission of fact may result in my disqualification before appointment or be cause for termination if employed. I authorize the investigation of all information contained in this application as may be necessary in arriving at an employment decision. I waive any right I may have to be notified by any individuals and organizations named in my application for employment prior to the release of any information to Illinois Eastern Community Colleges, including the release of information concerning any disciplinary action taken against me by former employers. I hereby release and discharge Illinois Eastern Community Colleges and any person or entity from whom any such information is obtained from any liability whatsoever related to the use or disclosure of such information. This shall authorize the procurement of verbal or written references by Illinois Eastern Community Colleges as part of pre-employment reference checks. If hired, this authorization shall remain on file in the IECC Human Resources Department. I understand that prior to being considered for any offer of employment, Illinois Eastern Community Colleges may undertake a background check, including criminal background history. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. If employed, I agree to abide by all policies, procedures, rules, and regulations of Illinois Eastern Community Colleges.

SIGNATURE: _____ DATE: _____

Human Resources Department
233 E. Chestnut St., Olney, IL 62450
Phone: 618.393.2982 | Fax: 618.395.1819
iecchr@iecc.edu

ILLINOIS EASTERN COMMUNITY COLLEGES

Employment Application Addendum

This form is required for ALL applicants (full and part-time).

Educational Loan Default Statement

Public Act 85-827 requires that any application forms used by state agencies shall include a statement to be signed by the applicant concerning whether the applicant is in default on a student loan. Each applicant must complete this form by checking one of the following boxes, signing and dating the form, and submitting it along with other employment application forms:

☐ I **am not** in default for a period of six months or more and in the amount of \$600 or more on the repayment of any educational loan guaranteed by the State Scholarship Commission or made by an Illinois institution of higher education or any other loan made from public funds for the purpose of financing higher education.

☐ I **am** currently in default on a student loan as described in the preceding paragraph. (Note: A state agency is required to terminate employment of any employee who has not made a satisfactory repayment arrangement with the maker or guarantor of the loan prior to completion of the sixth month of employment).*

*If you checked the box indicating default, please provide the name and address of the bank or lending institution where your loan was obtained:

Non-Affected Annuitant Statement

I hereby state that I am not an "affected annuitant" within the definition contained in Public Act 97-0968 (The Act). I agree that if I fail to disclose fully and accurately any prior employment with another entity covered by the State Universities Retirement System (SURS) and my subsequent employment by Illinois Eastern Community Colleges (IECC) causes me either to become an "affected annuitant" as defined in The Act or causes IECC to inherit my status as an "affected annuitant", if such status has already been established, and the "affected annuitant" status requires the payment of any funds or penalties by the Board of Trustees of Illinois Eastern Community College District # 529 to SURS, that I assume personal liability and responsibility for the repayment and full reimbursement of such funds or penalties to IECC immediately.

PLEASE PRINT: First Name _____ Middle Name _____ Last Name _____
Social Security Number _____ Email Address _____
Applicant Signature _____ Date _____ Witness Signature _____ Date _____

For IECC internal use only: Above applicant is being recommended for _____ full-time employment _____ part-time employment as

Position Title _____ College _____

Part-time employment approval - _____
Supervisor

Proposed hourly rate: _____

Average hours projected to be worked in a week: _____

Proposed start date: _____

Proposed end date: _____

Budget code: _____

Motor Vehicle Report (MVR): ☐ Yes ☐ No

For HR use only: The applicant above has been reviewed and _____ is approved / _____ is not approved for full-time or part-time employment.

Begin date: _____. (Full-time is pending Board of Trustees approval)

Signature - Chancellor or Director of Human Resources

Date



ILLINOIS EASTERN COMMUNITY COLLEGES
Applicant Survey

Completion of this form is **voluntary for applicants but mandatory for new employees**. The information is requested solely for the purpose of determining Illinois Eastern Community College's compliance with federal and state laws and regulations governing equal employment opportunity. Your response will not affect consideration of your application.

Illinois Eastern Community Colleges District No. 529 does not discriminate on the basis of race, color, sex, sexual orientation, age, marital status, religious affiliation, veteran status, national origin, disability, genetic information, or any other protected category.

Name: _____ Date: _____

Address: _____

Position(s) applied for: _____

Are you HISPANIC or LATINO? (Or are you of Spanish origin?) ☐ Yes ☐ No

RACIAL/ETHNIC BACKGROUND: (Are you from more than one of the following? Select all that apply)

- ☐ American Indian or Alaskan Native: A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition
- ☐ Asian: A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent
- ☐ Black or African American: A person having origins in any of the black racial groups of Africa (except those of Hispanic origin)
- ☐ Native Hawaiian or Other Pacific Islander: Refers to the people having origins of any of the original peoples of these islands
- ☐ White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

RACIAL/ETHNIC BACKGROUND: (Please identify primary racial/ethnic group)

- ☐ Hispanic: A person having origins of Hispanic, Latino or Spanish origin
- ☐ American Indian or Alaskan Native: A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition
- ☐ Asian: A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent
- ☐ Black or African American: A person having origins in any of the black racial groups of Africa (except those of Hispanic origin)
- ☐ Native Hawaiian or Other Pacific Islander: Refers to the people having origins of any of the original peoples of these islands
- ☐ White: A person having origins in any of the original peoples of Europe, North Africa, or the Middle East

LEGAL SEX

☐ Male ☐ Female

GENDER DESIGNATION

☐ Man ☐ Woman ☐ Non-Binary
☐ Trans Man ☐ Trans Woman ☐ Not listed or unknown

Are you in the United States on a Visa (Nonresident Alien)?

☐ Yes - Home Country of Origin? _____ ☐ No

DISABILITY

Federal regulation defined "disability: as including such conditions as speech, hearing, visual and orthopedic impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, diabetes, heart disease, mental retardation, emotional illness, dyslexia, and alcohol and drug addiction."

Would you like to report a disability? ☐ Yes ☐ No

List disability here: _____

VETERAN STATUS

Are you a veteran? ☐ Yes ☐ No

HOW DID YOU LEARN OF THIS POSITION?

- | | |
|--|---|
| <input type="checkbox"/> Chronicle - Print | <input type="checkbox"/> Professional Journal – Print _____ |
| <input type="checkbox"/> Chronicle - Online | <input type="checkbox"/> Prof. Journal/Listsrv - Online _____ |
| <input type="checkbox"/> Higher Ed Jobs.com | <input type="checkbox"/> Newspaper: _____ |
| <input type="checkbox"/> IL CC Trustees Assoc. website | <input type="checkbox"/> Other Internet Site: _____ |
| <input type="checkbox"/> Illinois Job Bank | <input type="checkbox"/> Other Resource: _____ |
| <input type="checkbox"/> IECC Website | |

Signature: _____