



CENTRAL ARIZONA COLLEGE EMPLOYMENT APPLICATION

AN AFFIRMATIVE ACTION AND EQUAL OPPORTUNITY EMPLOYER

Applications are accepted only for open posted positions. A separate application is required for each position.

Position:				Date Available:	
Name: Last		First		MI	E-Mail Address:
					Today's Date:
Other Names Used					
Home Address			City	State	Zip Code
					Home Phone
Mailing Address			City	State	Zip Code
					Other Phone
Have You Ever Worked For CAC?		Position			Dates
<input type="checkbox"/> Yes <input type="checkbox"/> No					From: To:
Are You Related To Any Central Arizona College Employee					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Name(S):			
Are you legally eligible to work in the United States?					
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Education: Check highest grade completed					
High School: 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>					
Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		GED: <input type="checkbox"/> Yes <input type="checkbox"/> No			
College or University Name and Location	Credit Hours		Major	Degree	
	Sem	Qtr			

Other Training: Name and address of school(s)	Course of Study	Diploma/Certificate

List Current Licenses/Professional Registration/Certifications/Memberships	
Skills and Abilities	
Languages spoken fluently:	Languages written fluently:
Office machines used proficiently:	
Personal Computer <input type="checkbox"/> _ _ wpm	Typewriter <input type="checkbox"/> _ _ wpm
Dictating Equipment <input type="checkbox"/>	10 Key Calculator <input type="checkbox"/>
Software packages used proficiently:	
List additional skills, training, or experience that have provided you with the knowledge and abilities for this position:	

Employment History: List current or most recent employer first, then list in chronological order other positions held. Please list employment dates in Month/Year format.		
Employer:	Employment Dates: From: mm/yy To: mm/yy	
Your Job Title:	Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>	
Supervisor:	Title:	Phone Number:
Brief description of work:		Starting Salary:
		Ending Salary:
Reason for leaving:	May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employment History Continued		
Employer:		Employment Dates: From: mm/yy To: mm/yy
Your Job Title:		Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>
Supervisor:	Title:	Phone Number:
Brief description of work:		Starting Salary:
		Ending Salary:
Reason for leaving:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer:		Employment Dates: From: mm/yy To: mm/yy
Your Job Title:		Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>
Supervisor:	Title:	Phone Number:
Brief description of work:		Starting Salary:
		Ending Salary:
Reason for leaving:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer:		Employment Dates: From: mm/yy To: mm/yy
Your Job Title:		Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>
Supervisor:	Title:	Phone Number:
Brief description of work:		Starting Salary:
		Ending Salary:
Reason for leaving:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer:		Employment Dates: From: mm/yy To: mm/yy
Your Job Title:		Part-time <input type="checkbox"/> Full-time <input type="checkbox"/>
Supervisor:	Title:	Phone Number:
Brief description of work:		Starting Salary:
		Ending Salary:
Reason for leaving:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>

References: Please list the names and telephone numbers of three professional references (co-workers, customers, and/or supervisors other than those listed in Employment History).

Name	Relationship	Telephone Number

Have you ever been convicted of a felony?* Yes No If yes, give details including charges, dates, and locations. A conviction will not necessarily disqualify an applicant from the position sought.

Details:

*Convicted of a felony means entry of a final judgment on a verdict or a finding of guilty, or a plea on nolo contendere, in a court of competent jurisdiction in a criminal case, regardless of whether an appeal is pending or could be taken. Conviction does NOT include a final judgment that has been expunged by pardon, set aside, or otherwise rendered invalid.

PLEASE READ CAREFULLY

Central Arizona College does not discriminate in hiring or in the terms or conditions of employment on the basis of race, color, religion, sex, national origin, Vietnam-era veteran, disability status, or sexual orientation. Federal law prohibits discrimination on the basis of age against persons 40 or older. No question on this application is intended to secure information to be used for such discrimination

I authorize **Central Arizona College** to contact employers both past and present, or any other person or entity that may have knowledge of my conduct, activities, or credentials, in order for **Central Arizona College** to determine my eligibility for employment. I understand all information will be maintained and treated by **Central Arizona College** as confidential.

I certify that, to the best of my knowledge, all information given herewith is true. I understand that any falsification or misrepresentation of facts will be a cause for dismissal if **Central Arizona College** hires me.

APPLICANT SIGNATURE:

DATE:

The following Equal Employment Opportunity Survey Form is voluntary and your cooperation in providing this information is appreciated. Please return this form with your completed application.

If applying for faculty position, please go to Page 6.

**CENTRAL ARIZONA COLLEGE
EQUAL EMPLOYMENT OPPORTUNITY SURVEY**

APPLICANT:

Central Arizona College is an Equal Opportunity/Affirmative Action Employer and complies with all applicable federal and state regulations. We are soliciting the information below in an effort to determine the extent of our Affirmative Action efforts. This data is kept only for statistical reporting and Federal EEO/AA requirements. Once received it will remain confidential and separate from your employment application materials. Your responses are voluntary and your cooperation in providing this information is appreciated. Please return this form with your application.

INSTRUCTIONS: Print your name in the space provided. Indicate the appropriate responses listed below.

DATE: _____

NAME: (Last, First, Middle)

Position Applied For: _____

SEX: Male Female

RACE: (Check as many as appropriate)

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

ETHNICITY:

Hispanic or Latino Not Hispanic or Latino

VETERAN STATUS:

Vietnam Era Veteran Disabled Vietnam Veteran Disabled Veteran

DISABILITY STATUS:

I am an individual with a mental or physical impairment that substantially limits one or more of major life activities.

I may need reasonable accommodation in the event that I am selected for interview.

AGE OVER 40: Yes No

HOW DID YOU LEARN OF THIS VACANCY:

Friend/Relative: _____

Newspaper Ad, Name: _____

Professional Journal, Name: _____

Employment Service, Name: _____

Posting Agency, Name: _____

College, Name: _____

Other, Please describe: _____

