



COCC EMPLOYMENT APPLICATION

Please print clearly or type your application and sign it. You may also fill out this application by duplicating or "scanning" it into your computer for completion. The following forms also need to be completed and sent in with this application:

- Authorization to Check Work History Form Affirmative Action Form (optional)

Name:		Date:	
Other Names Used: (This information is used to track transcripts)			
Address:		City:	State and Zip Code:
Telephone Number (include area code):	Message Telephone Number (include area code):		E-Mail Address:
Position Applying For:			
Interested in: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Both Date Available:			
Where did you learn about this position?			
Have you ever been employed by Central Oregon Community College? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, in what capacity: Please provide us with the dates of employment:			

Instructions to Applicants

Applicants are required to provide a complete application file by the deadline date. Please include a separate STATEMENT OF EQUIVALENCY if applicable. PLEASE REFER TO THE VACANCY NOTICE FOR EXACT REQUIREMENTS OF A COMPLETE APPLICATION FILE FOR EACH INDIVIDUAL OPENING.

Educational Background

High School Name	Location	Diploma or general equivalency diploma (GED)?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

College/University Name and Location	Major	Degree(s)	Completed	
			Yes	No (If No, # of Years Completed)

Other Special Training and/or Study (Computer literacy, vocational experience, licenses, certificates)

Academic, Professional, Civic Organizations

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Driver's License (if applicable):

Number	State

References: (Reference type: work-related, personal, education-related, etc.)

Name/Occupation	Telephone Number	Reference Type

Employment History:

Please list in chronological order. Begin with your present or most recent job. List each job you have held for the last TEN years OR list the LAST SIX JOBS you have held which provide the MOST RELEVANT INFORMATION to the position for which your are applying. INCLUDE periods of military service, education leave, and unemployment . Please fill out the application employment history as thoroughly as possible. Your resume or vita should not be submitted in lieu of filling out the information. (If you need more space use the text box under the signature line below)

Present/Last Employer:	Supervisor's Name:
Telephone Number: (Please include area code)	Supervisor's E-Mail Address:
Address:	City, State, & Zip Code:
Job Title:	
Worked From: (Month/Year)	Worked To: (Month/Year)
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
Duties:	
Reason for Leaving:	

If you still work here, may we contact this employer? Yes No

Previous Employer:	Supervisor's Name:
Telephone Number: (Please include area code)	Supervisor's E-Mail Address:
Address:	City, State, & Zip Code:
Job Title:	
Worked From: (Month/Year)	Worked To: (Month/Year)
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
Duties:	
Reason for Leaving:	

Previous Employer:	Supervisor's Name:
Telephone Number: (Please include area code)	Supervisor's E-Mail Address:
Address:	City, State, & Zip Code:
Job Title:	
Worked From: (Month/Year)	Worked To: (Month/Year)
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
Duties:	
Reason for Leaving:	
Previous Employer:	Supervisor's Name:
Telephone Number: (Please include area code)	Supervisor's E-Mail Address:
Address:	City, State, & Zip Code:
Job Title:	
Worked From: (Month/Year)	Worked To: (Month/Year)
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
Duties:	
Reason for Leaving:	
Previous Employer:	Supervisor's Name:
Telephone Number: (Please include area code)	Supervisor's E-Mail Address:
Address:	City, State, & Zip Code:
Job Title:	
Worked From: (Month/Year)	Worked To: (Month/Year)
<input type="checkbox"/> Part Time <input type="checkbox"/> Full Time	
Duties:	
Reason for Leaving:	
Have you ever been convicted of anything other than a minor traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If yes, please explain.

Certification

I certify that any and all statements, which I have set forth in this application, are true and correct to the best of my knowledge. I also recognize that any omissions or false information provided herein may disqualify me as an applicant and subject me to discharge in the event that I am hired.

Signature of Applicant:	Date:
USE SPACE BELOW FOR ADDITIONAL DETAILS OR CLARIFICATIONS	

SIGN AND SEND TO:

**Office of Human Resources (MET #101)
 Central Oregon Community College
 2600 NW College Way
 Bend, OR 97701**

**Telephone: 541-383-7216
 FAX Number: 541-383-7505
 Website: www.cocc.edu/hr
 TDD #: 541-383-7708 (for the hearing/speech impaired)**

<p>It is the policy of the Central Oregon Community College Board of Directors that there will be no discrimination or harassment on the basis of age, disability, gender, marital status, national origin, color, race, religion, sexual orientation or veteran status in any educational programs, activities or employment. Persons having questions about equal opportunity and nondiscrimination should contact the Equal Employment Officer, c/o COCC's Human Resources office, (541) 383-7216. Faculty, staff and students are protected from discrimination and harassment under Title VII of the Civil Rights Act of 1964 and Title IX of the Education Amendments of 1972. Persons who, because of a physical or learning disability, need special accommodation should contact ADA Coordinator (541) 383-7776, in advance of their need for accommodation. Further inquiries may be directed to the Affirmative Action Officer, c/o COCC's Human Resources office, (541) 383-7216.</p>
