

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.

IMPORTANT: You **MUST** print the job announcement for each position you intend to apply for to receive a listing of the required application materials. Incomplete or late applications will not be considered.

**Community Colleges of Spokane
STUDENT AND EMPLOYEE RIGHT TO KNOW**

CCS Student and Employee Right to Know information may be accessed on the web at:
http://www.ccs.spokane.edu/Students/Right_to_know/default.aspx

Reports on this web site cover: college-wide completion and/or graduation rates; athletic program participation rates and financial support data; completion and/ or graduation rates for student-athletes; Drug Free Workplace and Drug Free Schools and Communities policies and procedures; confidentiality and access of student records under the Family Education Rights and Privacy Act (FERPA); student tuition, fees, expenses and financial assistance; and district security policies and crime statistics.

The report on security and crime contains CCS policies and procedures regarding: the reporting of criminal activity; facility safety and access; law enforcement; the sale, possession and use of alcohol and illegal drugs; and the handling of sex offenses. Included in this report is information regarding programs for safety and crime prevention, drug and alcohol education, and sexual assault programs; and crime statistics for the most recent three calendar years.

Paper copies of all of the above reports are available in the registration/admissions offices of SCC, SFCC and IEL. Athletics reports also are available in the athletics department offices in Bldg 5 at SCC and Bldg 7 at SFCC. The report on safety and crime statistics also is available by contacting:

Community Colleges of Spokane
Human Resources
MS 1004
501 N Riverpoint Blvd.
Spokane WA 99217-6000
Phone (509) 434-5040 • Fax (509) 434-5055
hro@ccs.spokane.edu



APPLICATION FOR EMPLOYMENT

Advertised position title _____

HR OFFICE USE ONLY
Applicant number _____

Name _____
Last First Middle

Current mailing address _____

City _____ State _____ ZIP _____

Home phone _____ Work/message phone _____

E-mail address _____

If you have a physical or mental condition that will prevent you from performing any of the essential elements of the position for which you are applying, please contact the HR Office at (509) 434-5040 and request to speak with an ADA specialist.

If you have been convicted of a crime in the last seven (7) years you must complete CCS Employment Form (CCS 1684). Failure to disclose this information may cause your application or possible employment to be terminated for misrepresentation or omission. Please contact the HR Office at (509) 434-5040 and request the form or to speak with an employment specialist.

EDUCATION:

	Name and address of accredited institution(s)	Major	Degree	Credit Hours	
				Sem	Qtr
High school/ GED certificate					
Associate					
Undergraduate					
Graduate					

If you have completed a degree not yet conferred or are within 6 months of completing a degree, list the information with the expected date of graduation.

If you are UNDER the age of 18, check here:

Washington vocational instructor's certificate? Yes No If yes, type of certificate _____ Expiration date _____

Have you ever worked at any other Washington state agency? Yes No

If yes, give agency title and address _____ Dates of employment _____

Name, relationship, and position of relative(s) working for CCS. _____

Have you ever served in the US Armed Forces? Yes No Service dates _____ If yes, you must submit DD Form 214 to request veterans preference.

Submit completed application and all required application materials to:

Community Colleges of Spokane, Human Resources Office, 501 N Riverpoint Blvd MS 1004, PO Box 6000, Spokane WA 99217-6000
Phone (509) 434-5040 FAX (509) 434-5055 TTY (509) 434-5059

EMPLOYMENT RECORD

List all work experience, paid or unpaid, relevant to the position for which you are applying, most recent experience first. Account for any periods of unemployment. Attach additional sheets, if necessary, or a resume which **MUST** contain all the information requested below.

EMPLOYER		DATES OF EMPLOYMENT	
JOB TITLE		HOURS PER WEEK	SALARY
SUPERVISOR	PHONE	MAY WE CONTACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	CITY	STATE	ZIP
DUTIES			
REASON FOR LEAVING			
EMPLOYER		DATES OF EMPLOYMENT	
JOB TITLE		HOURS PER WEEK	SALARY
SUPERVISOR	PHONE	MAY WE CONTACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	CITY	STATE	ZIP
DUTIES			
REASON FOR LEAVING			
EMPLOYER		DATES OF EMPLOYMENT	
JOB TITLE		HOURS PER WEEK	SALARY
SUPERVISOR	PHONE	MAY WE CONTACT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	CITY	STATE	ZIP
DUTIES			
REASON FOR LEAVING			

I hereby certify that the information on this application and any attached pages or resume is true and accurate to the best of my knowledge. I authorize any representative of the Community Colleges of Spokane (CCS) to obtain any information relating to my activities from my former employers and/or provided personal references. I direct my former employers and/or provided personal references to release such information upon request of any representative of CCS regardless of any agreement I may have made with you previously to the contrary. I release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization, understanding that the information released may be detrimental to my obtaining employment with CCS.

Applicant signature _____ Date signed _____

Community Colleges of Spokane (CCS) is committed to enhancing the diversity of our faculty and staff, as well as our student population. CCS is an equal opportunity employer and, as such, ensures that all persons shall have equal employment opportunities regardless of race, color, religion, gender, national origin, age, familial or veteran status, the presence of a nonjob-related medical condition or disability, or any other legally protected status. CCS maintains a smoke-free and drug-free work environment. It is CCS policy to safeguard and hold in confidence information provided by the applicant. The use of any such information will be limited to valid business, regulatory, or legal requirements. In addition, CCS complies with applicable federal, state and local laws prohibiting discrimination in employment. CCS also provides reasonable accommodation to individuals with disabilities, in accordance with applicable laws.



VOLUNTARY DEMOGRAPHIC QUESTIONNAIRE

Name (optional) _____

Advertised position title _____

How did you hear about this position? _____

Highest degree earned _____

Community Colleges of Spokane, as an equal opportunity employer, has made a commitment to an affirmative action program and is required by state and federal guidelines, including corrective employment programs, to maintain this information. The following information will be used only for the purpose of the development of affirmative action and management statistics.

PART I Which ethnic group do you consider yourself to be (see PART II for Hispanic)? (Check one if applicable)

- Caucasian (800) Black or African-American (870) Eskimo (935) Aleut (941)
- American Indian—name of enrolled or principal tribal affiliation (please print) _____
- Asian Indian (600) Chinese (605) Filipino (608) Guamanian (660) Hawaiian (653) Japanese (611)
- Korean (612) Laotian (613) Hmong (609) Samoan (655) Thai (618) Vietnamese (619)
- Other Asian or Pacific Islander affiliation (please print) _____
- Other ethnic group (please print) _____

PART II Are you of Spanish/Hispanic origin? (Check one)

- No, not Spanish/Hispanic Yes, Mexican/Mexican-American (722) Yes, Puerto Rican (727) Yes, Cuban (709)
- Yes, other Spanish/Hispanic origin (please print) _____

PART III Veteran Status (Check one if applicable)

- Vietnam Era (August 5, 1964-May 7, 1975) (VV) Other than Vietnam veteran (OV)
- Disabled Vietnam Era (DV) Disabled veteran (other than Vietnam) (DO)
- Spouse of deceased veteran (SV)

Dates of service: From _____ To _____

Total Active Service Time: Years _____ Months _____ Days _____

PART IV (Check yes or no for each area)

- YES NO Do you have a physical, sensory, or mental impairment which substantially limits one or more life activities (e.g., walking, seeing, hearing, breathing, learning)?
- YES NO Do you have a physical, mental, or other health condition that has lasted for six or more months **and** which limits the kind or amount of work you can do at a job?

Please check a category as appropriate if you checked yes above.

- Ambulatory/mobility (1) Visual (2) Hearing (3) Mental/psychological (4)
- Multiple impairments (5) Other (9) _____
(identify impairment)

PART V Other data

Gender: Male Female **Date of birth:** Month _____ Day _____ Year _____