

Quinsigamond Community College Application for Employment

Quinsigamond Community College is an Equal Opportunity/Affirmative Action Employer.
Applicants are considered for all positions without regard to race, color, religion, gender, national origin, sexual orientation, age, genetic information, marital or veteran status, or disability.

(PLEASE TYPE or PRINT)

Date of Application: _____

Position(s) Applied For: _____

Name _____ Social Security Number ____ / ____ / ____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone (____) _____ E-mail: _____

If employed and under age 18,
are you able to furnish a work permit? Yes No

Have you ever been employed by Quinsigamond Community College? Yes, Dates: _____ No

Are you currently employed? Yes No May we contact your present Employer? Yes No

Are you prevented from lawfully becoming employed
in this country because of Visa or Immigration Status? Yes No
(Proof of citizenship or immigration status will be required upon employment in accordance with the Immigration Reform and Control Act of 1986)

On what date would you be available for work? _____

Are you available to work? Full Time Part Time Shift Work Temporary

Are you on lay off status and subject to recall? Yes No

Have you been convicted of a crime, excluding misdemeanors and summary offenses, in the past ten years which has not been annulled or expunged or sealed by a court?
(An applicant with a sealed record on file with the commissioner of probation may answer 'no record' with respect to prior arrests, criminal court appearances or convictions. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. Please note that a record of conviction will not necessarily disqualify an applicant from employment) Yes No If Yes, explain:

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Employment Experience

If you have a current resume you may attach a copy in addition to completing this section.

Start with your present or last job. Include military service assignments and verified work performed on a volunteer basis. You may exclude organization names that indicate race, color, religion, sex or national origin.

Employer	Telephone	Dates Employed From	To	Work Performed
Address				
Job Title		Hourly Rate/Salary Starting Final		
Supervisor				
Reason for leaving				

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Supervisor				
Reason for Leaving				

Military Service

Branch of Service: _____ Dates of Service: from _____ to _____

Rank Attained: _____ Special Training: _____

Education

	Elementary	High/Technical/ Trade or Other	College/University*	Graduate/Professional*
School Name				
Years Completed (Circle):	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills, and Extracurricular Activities				

* For positions requiring college or graduate degrees, official transcripts must be submitted upon hire.

Honors/Special Achievements/Awards received:

Professional/Community Service

List professional, trade, business, or civic activities and offices held:

<u>Organization</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____

Professional Licenses and Certifications

License/Designation	Number	Date Attained	State of Issue

Office Skills

Data Entry Word Processing, WPM _____ Personal Computer Calculator
Shorthand, WPM _____ Other: _____

Software: _____

Additional Skills

Please provide any additional information you feel may be helpful to us in considering your application. Include information about special/unique skills and knowledge:

References

Please provide the name, address, and telephone number of three references who are not related to you.

Name and Occupation	Address	Telephone or email
_____	_____	_____
_____	_____	_____
_____	_____	_____

Applicant's Statement

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release from all liability any persons, companies, institutions, organizations and schools supplying such information. I understand that false or misleading information given or significant omissions made by me in this application or during any interview(s) may be sufficient cause for denial of employment or discharge.

I understand that this application is not and is not intended to be a contract of employment or promise of any future benefits.

If I receive an offer of employment, I consent to take any physical examination(s) that may be required by the college. I understand, also, that I would be required to abide by all rules and regulations of the College.

Signature of Applicant

Date

Submit Application to:

**Quinsigamond Community College
Office of Human Resources Box 5
670 West Boylston Street
Worcester, MA 01606 - 2092**

Quinsigamond Community College is an affirmative action/equal opportunity/diversity employer and does not discriminate on the basis of race, color, religion, national origin, age, gender, sexual orientation, genetic information, disability, veteran status, or marital status in its educational programs, activities, admissions, or employment policies. It is the policy of Quinsigamond Community College to comply with the requirements of Federal Executive Orders 11246 and 11375 as amended, Title VI, Civil Rights Act 1964 as amended; Title IX, Education Amendments Act of 1972; Sections 503 and 504 of the Rehabilitation Act of 1973; Section 402, Vietnam Era Veterans Readjustment Act of 1988; Americans with Disabilities Act of 1990; the Civil Rights Act of 1991; and pertinent laws, regulations, and Executive Orders of the Commonwealth of Massachusetts, directives of the Massachusetts Board of Higher Education, and other applicable state and federal laws.

Quinsigamond Community College
Attn.: Affirmative Action Officer (Box 5)
670 West Boylston Street
Worcester, MA 01606-2092

Voluntary Affirmative Action Information

We consider applicants for all positions without regard to race, color, religion, gender, sexual orientation, age, disability, marital or veteran status or other legally protected status.

Applicant's Name: _____ Date: _____
Position Applied for: _____

Referral Source:

____ **Magazine/Newspaper:** _____
____ **Government Employment Agency** _____ **College/University Placement Office**
____ **Employee** ____ **Self-referral** ____ **School** ____ **Relative** ____ **Job Fair**
____ **Inter-Net Site:** _____ **Other:** _____

We comply with government regulations including affirmative action obligations where they apply. In an effort to comply with the requirements regarding governmental record keeping, reporting and other legal obligations we ask that you complete this application data survey. Please be advised that your survey is not a part of your official application for employment it is considered confidential information that will not be used in any hiring decision

Government requested information:

Gender: ____ **Male** ____ **Female**

Ethnicity: ____ **White** ____ **Black** ____ **Hispanic**
____ **American Indian/Alaskan Native** ____ **Asian/Pacific Islander**

Special Notice to Vietnam Era Veterans, Disabled Veterans and Individuals with disabilities.

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era and qualified individuals with disabilities. You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodations. This information will be considered confidential and refusal to provide this information will not adversely affect your consideration for employment.

If you so wish to be identified please check if any of the following are applicable

____ Vietnam Era Veteran
____ Disabled Veteran
____ Individual with Disability

This form will be filed separately from the application.