



DODGE CITY COMMUNITY COLLEGE & AREA TECHNICAL CENTER

2501 N 14th Avenue • Dodge City, KS 67801 • (620) 225-1321 • 1-800-FOR-DCCC • www.dc3.edu

Application for Employment

PLEASE PRINT IN INK OR TYPE

Last Name _____ First _____ Middle _____

Present Address _____ Home Phone _____ Work Phone _____

City _____ State _____ Zip _____ E-mail Address _____

Permanent Address _____ Home Phone _____ Work Phone _____

City _____ State _____ Zip _____

Position Desired _____ Salary Expectation _____

Dates Available _____ Full-time _____ Part-time _____ Day _____ Evening _____

U.S. Military Service Record

Certificates, Licenses, and Skills

Branch of Service _____

Active Duty from _____ to _____

General Information

Have you ever worked for DCCC before? _____ Yes _____ No If yes, when? _____

Are you related to anyone now employed by DCCC? _____ Yes _____ No If yes, provide name and relationship _____

Are you legally authorized to work in the United States? _____ Yes _____ No

If hired, can you show proof of eligibility? _____ Yes _____ No

Are you 18 years of age or older? _____ Yes _____ No

Have you ever been convicted of a crime? _____ Yes _____ No If yes, attach a statement giving full explanation. Exclude minor traffic violations. Conviction does not disqualify you from further consideration or employment.

Applicant Certification and Release Authorization

I certify that all the information provided by me on this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire, or if I am hired and the same is discovered thereafter, termination. **I authorize my current supervisor and any of the persons or organizations referenced in this application to provide any and all information concerning my previous employment, education or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application.** I release all such parties from all liability for any damages that may result from furnishing such information to you. I authorize Dodge City Community College to request, receive, and verify all information given on this application, and release Dodge City Community College from all liability for any damages that may result from doing so. I further acknowledge that if I am employed by Dodge City Community College, my employment will be at will and may be terminated, with or without cause at any time, by me or by Dodge City Community College, except as provided by specific contract terms or any applicable laws. I agree to conform to the rules, regulations, and policies of Dodge City Community College. I understand that only the Board of Trustees or its designee has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, either before commencement of employment or after I have been employed.

I have read the above statements. By my signature, I understand and agree to these provisions.

Signature _____ Date _____

Return completed application to the Human Resources Office at Dodge City Community College.

NOTICE OF NON-DISCRIMINATION – Dodge City Community College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities. The following persons have been designated to handle inquiries regarding the non-discrimination policies: **Federal Compliance Administrator**, 2501 N. 14th Avenue, Dodge City, Kansas 67801, (620) 227-9119 (compliance@dc3.edu) or **Director of Human Resources**, 2501 N. 14th Avenue, Dodge City, Kansas 67801, (620) 227-9201(compliance@dc3.edu).

Education: List most recent first and continue in descending order. Attach additional sheets if necessary.

| Name of Institution | Address | Degree/Diploma Date Awarded | Undergraduate Hrs Earned | Graduate Hrs Earned |
|---------------------|---------|--------------------------------|-----------------------------|------------------------|
| | | | | |
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| | | | | |

Employment History: This section must be completed though it may duplicate the resume.

List your past employment beginning with your most recent employment. Attach additional sheets if necessary.

| Last or present employer | | Phone | Job Title | | |
|---|-----------|--------------------|-----------|--------------|------------|
| Address | City | State | Zip | Date Started | Date Ended |
| Full-time | Part-time | Name of Supervisor | | | |
| Describe specific duties and reason for leaving | | | | | |

| Previous employer | | Phone | Job Title | | |
|---|-----------|--------------------|-----------|--------------|------------|
| Address | City | State | Zip | Date Started | Date Ended |
| Full-time | Part-time | Name of Supervisor | | | |
| Describe specific duties and reason for leaving | | | | | |

| Previous employer | | Phone | Job Title | | |
|---|-----------|--------------------|-----------|--------------|------------|
| Address | City | State | Zip | Date Started | Date Ended |
| Full-time | Part-time | Name of Supervisor | | | |
| Describe specific duties and reason for leaving | | | | | |

| Previous employer | | Phone | Job Title | | |
|---|-----------|--------------------|-----------|--------------|------------|
| Address | City | State | Zip | Date Started | Date Ended |
| Full-time | Part-time | Name of Supervisor | | | |
| Describe specific duties and reason for leaving | | | | | |

References (Other than supervisors named above)

| Name | Position | Address | City | State | Zip | Phone |
|------|----------|---------|------|-------|-----|-------|
| | | | | | | |
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To: All Applicants

Re: Identification of Minorities, Women, Persons with Disabilities, Disabled Veterans and Vietnam Era Veterans

In accordance with Executive Order 11246, Section 503 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans' Readjustment Assistance Act of 1974, Dodge City Community College is supportive of affirmative action to employ and advance qualified individuals, including minorities, persons with disabilities, disabled veterans and veterans of the Vietnam era.

Submission of the following information is voluntary. Refusal to provide this information will not affect your selection for employment. It will be kept confidential and will not be included with your application materials or provided to screening committees.

Please print:

Title of position for which you are applying _____

Name _____ Date _____

1. Race/Ethnicity – Please **circle one** category that best describes your racial or ethnic group.

White (Not of Hispanic origin) | Black or African American | Hispanic or Latino | Asian
Native Hawaiian or other Pacific Islander | American Indian/Alaskan Native

2. Disability – Physical or mental impairment causing difficulty in securing, retaining or advancing in employment. **Circle one** word that best describes your disability, if any.

Visual | Hearing | Speech | Physical | Developmental | Other (describe below) | None

3. Are you a disabled veteran? ___Yes ___No

4. Are you a Vietnam Era Veteran (service between August 1964 and May 7, 1975)?
___Yes ___No If yes, date of discharge? _____

Signature _____ Date _____