

Human Resources

801 W. Fort Street, Detroit, MI 48226
Office: 313-496-2765 • Fax: 313-963-5816
or e-mail resumes to: jobs@wcccd.edu

APPLICATION FOR EMPLOYMENT

NOTE TO APPLICANT:

One of the most important steps in your application is to complete accurately those sections of this form pertaining to your qualifications. Should you join the College staff, the information you provide will become a part of your record and will be used for statistical purposes.

PERSONAL DATA

LAST NAME	FIRST NAME	MIDDLE	LAST FOUR OF SOCIAL SECURITY NO.
STREET ADDRESS		CITY	STATE ZIP
RESIDENCE PHONE	BUSINESS PHONE	ALTERNATE PHONE	

ARE YOU CURRENTLY AUTHORIZED TO WORK IN THE UNITED STATES? YES NO
(FOR EMPLOYMENT YOU MUST BE ABLE TO VERIFY LEGAL AUTHORIZATION)

PERSON TO CONTACT IN CASE OF EMERGENCY	PHONE
--	-------

POSITION DESIRED *(BE SPECIFIC) (FOR TEACHING, INCLUDE SUBJECT AREA)*

HOW DID YOU BECOME AWARE OF THIS POSITION?

TYPE OF EMPLOYMENT SOUGHT: FULL-TIME EMPLOYMENT PART-TIME EMPLOYMENT EITHER

SHIFT PREFERENCE: DAYS EVENINGS

INDICATE SKILLS YOU POSSESS OR TECHNICAL KNOWLEDGE AND EXPERIENCE:

TYPING SPEED (WPM) _____ SHORTHAND (WPM) _____ DATA ENTRY EXPERIENCE MAINFRAME

COMPUTER/PROGRAMMING EXPERIENCE *(SPECIFY HARDWARE, SOFTWARE AND LANGUAGES):* _____

PERSONAL COMPUTER/DESKTOP EXPERIENCE *(SPECIFY HARDWARE AND SOFTWARE):* _____

OTHER: _____

HAVE YOU EVER PLED NO CONTEST TO, PLED GUILTY TO, OR BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION?

NO YES *(IF YES, STATE THE REASON)*

ARE THERE ANY FELONY CHARGES PENDING?

NO YES *(IF YES, STATE THE REASON)*

EDUCATION – HIGH SCHOOL/GED OR EQUIVALENT

NAME OF SCHOOL	CITY	STATE	DIPLOMA OR CERTIFICATE
----------------	------	-------	------------------------

VOCATIONAL/TECHNICAL TRAINING (BUSINESS, INDUSTRIAL MILITARY, ETC.)

NAME OF SCHOOL	CITY	STATE	DATE LAST ATTENDED
DESCRIPTION OF TRAINING			

NAME OF SCHOOL	CITY	STATE	DATE LAST ATTENDED
DESCRIPTION OF TRAINING			

COLLEGE/UNIVERSITY

NAME OF COLLEGE OR UNIVERSITY ATTENDED	DATE ATTENDED		DEGREE CONFIRMED		MAJOR GRADE POINT AVERAGE (GPA)	MINOR CUMULATIVE	OUT OF POSSIBLE	CLASS STANDING
	FROM	TO	TYPE	DATE				
	MO. YR.	MO. YR.		MO. YR.				
GRADUATE								

ARE YOU A FORMER WCCCD EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, STATE POSITION: _____ DATES: FROM _____ TO _____	ARE YOU RELATED TO ANY WCCCD EMPLOYEE? IF YES, PLEASE LIST: _____
--	--

MILITARY SERVICE

BRANCH OF SERVICE	RANK OR RATE	TYPE OF DISCHARGE	YEARS

CERTIFICATE OF LICENSES HELD

TYPE OF CERTIFICATE	STATE	DATE OF ISSUE	EXPIRES

EXPERIENCE

LIST PRESENT AND ALL WORK EXPERIENCE, BEGINNING WITH THE MOST RECENT EMPLOYMENT

NAME OF SCHOOL OR COMPANY		FROM:	TO:
		EMPLOYMENT DATES	
STREET ADDRESS		CITY	STATE ZIP
NAME AND TITLE OF SUPERVISOR		TELEPHONE NUMBER	
POSITION	SALARY	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME
DESCRIPTION OF POSITION OR SUBJECTS TAUGHT (IF TEACHING POSITION)			

NAME OF SCHOOL OR COMPANY		FROM:	TO:
		EMPLOYMENT DATES	
STREET ADDRESS		CITY	STATE ZIP
NAME AND TITLE OF SUPERVISOR		TELEPHONE NUMBER	
POSITION	SALARY	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME
DESCRIPTION OF POSITION OR SUBJECTS TAUGHT (IF TEACHING POSITION)			

NAME OF SCHOOL OR COMPANY		FROM:	TO:
		EMPLOYMENT DATES	
STREET ADDRESS		CITY	STATE ZIP
NAME AND TITLE OF SUPERVISOR		TELEPHONE NUMBER	
POSITION	SALARY	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME
DESCRIPTION OF POSITION OR SUBJECTS TAUGHT (IF TEACHING POSITION)			

NAME OF SCHOOL OR COMPANY		FROM:	TO:
		EMPLOYMENT DATES	
STREET ADDRESS		CITY	STATE ZIP
NAME AND TITLE OF SUPERVISOR		TELEPHONE NUMBER	
POSITION	SALARY	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME
DESCRIPTION OF POSITION OR SUBJECTS TAUGHT (IF TEACHING POSITION)			

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO

ADD ANY INFORMATION, WHICH YOU BELIEVE, WILL ASSIST THE COLLEGE IN ARRIVING AT A TRUE ESTIMATE OF YOUR QUALIFICATIONS:

REFERENCES

LIST AT LEAST THREE REFERENCES THAT MAY BE CONTACTED.

NAME (IN FULL)		TELEPHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP
PROFESSIONAL TITLE			

NAME (IN FULL)		TELEPHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP
PROFESSIONAL TITLE			

NAME (IN FULL)		TELEPHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP
PROFESSIONAL TITLE			

PERSONAL STATEMENT:

I agree to comply with the policies, rules and regulations of the District as appropriate. I certify that all statements made on this form are true and accurate to the best of my knowledge. I understand that supplying false information shall be sufficient cause for termination. In addition, I understand that my employment with Wayne County Community College District is contingent upon:

1. The successful completion of an application and reference review.
2. Submission of official transcripts, W-4 forms and personal identification which meets the requirements of the Immigration and Naturalization Act (I-9).
3. Credential review and certification.
4. A completion of a comprehensive background check.
5. Written vocational approval, and/or documentation of two years of hands-on, recent and relevant experience, if applicable.

Furthermore, I authorize Wayne County Community College District to conduct investigations into my background including criminal history, driving record, previous and current employment and educational background, military history, personal history, and to conduct any other investigation that it deems necessary and I will fully cooperate in any such investigation. In consideration of this application for employment, I hereby release, save and hold harmless Wayne County Community College District and any and all related parties.

SIGNATURE OF APPLICANT

DATE

ELECTRONIC FORM: By typing your name in the form field above, you acknowledge this text serves as your signature.

EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE

Completion of the following information is optional. However, in order to comply with government regulations, the following information is needed by the Human Resources Department. This will not be utilized for identification of your application. This information cannot be used in any hiring decision.

ETHNIC IDENTIFICATION:

- American Indian or Alaskan Native Asian-American Black-American (non Hispanic origin)
 Hispanic-American White-American (non Hispanic origin) Other (specify) _____

DATE OF BIRTH: _____

SEX:

- Male Female

Statement of Compliance with Federal and State Law

Wayne County Community College District (WCCCD), pursuant to the requirements of Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Vietnam-Era Veterans Readjustment Act of 1974, the Elliot-Larsen Civil Rights Act, Executive Order 11246, and Title II of the Americans with Disabilities Act (ADA) complies with all Federal and State laws and regulations prohibiting discrimination and with all requirements and regulations of the U.S. Department of Education. It is the policy of WCCCD that no person, on the basis of race, color, religion, national origin, age, sex, height, weight, marital status, disability, or political affiliation or belief, shall be discriminated against, excluded from participation in, denied the benefits of, otherwise be subjected to discrimination in employment or in any program or activity for which it is responsible or for which it receives financial assistance from the U.S. Department of Education. (Policy adopted by the Wayne County Community College District Board of Trustees, 07/8/93, revised 07/6/94).

Notice of Non Discrimination

Any questions concerning Title IX of the Education Amendments of 1972 which prohibits discrimination on the basis of sex, or inquiries related to Section 504 of the Rehabilitation Act of 1973 which prohibits discrimination on the basis of handicap, and inquiries related to Title II of the Americans with Disabilities Act (ADA) which provides comprehensive civil rights protection for individuals with disabilities, or the College's Statement of Compliance with Federal and State law, should be directed to Director of Human Resources, Wayne County Community College District, 801W. Fort, Detroit, MI 48226 or by calling: 313-496-2765.

Smoke-Free Compliance

Wayne County Community College District and its facilities are smoke-free in compliance with the Michigan Clean-Air Act of Smoke-Free Workplaces. (Policy adopted by the Wayne County Community College District Board of Trustees, 05/26/93).

Drug-Free Workplace

Wayne County Community College District will make every effort to provide a drug-free workplace and environment. The District expressly prohibits the unlawful manufacture, distribution, dispensation, possession, or use of any controlled substance in the workplace. The term "controlled substance" shall mean a controlled substance in schedules I through V, of Section 202 of the Control Substance Act (21 U.S.C. 812).

Any individual found to be in violation of this policy is engaged in gross misconduct and subject to disciplinary action, up to and including termination. All employees will, as a condition of their employment, abide by the terms in this policy. In addition, employees engaged in the performance of a federal grant or contract will notify their supervisor and / or personnel department of any criminal drug statue conviction occurring in the workplace no later than five (5) days after such conviction (Policy adopted by the Wayne County Community College District Board of Trustees, 06/28/89, revised 09/23/92).

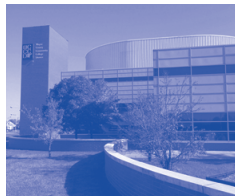
LOCATIONS:



**CURTIS L. IVERY
DOWNTOWN CAMPUS**
1001 W. Fort St.
Detroit, MI 48226
313-496-2758



DOWNRIVER CAMPUS
21000 Northline Rd.
Taylor, MI 48180
734-946-3500



EASTERN CAMPUS
5901 Conner St.
Detroit, MI 48213
313-922-3311



NORTHWEST CAMPUS
8200 W. Outer Drive
Detroit, MI 48219
313-943-4000



TED SCOTT CAMPUS
9555 Haggerty Rd.
Belleville, MI 48111
734-699-7008



**MARY ELLEN STEMPFLE
UNIVERSITY CENTER**
19305 Vernier Rd.
Harper Woods, MI 48225
313-962-7150

WWW.WCCCD.EDU • 313-496-2600 • Follow Us!   