



Human Resource Department
 2600 N. 20th Avenue
 Pasco, WA 99301
 (509) 542-4833 Fax (509) 544-2029

Application for Employment

An Equal Opportunity Employer and Educator

Email: jmiller@columbiabasin.edu Web: www.columbiabasin.edu/jobs

Instructions: This application must be filled out completely, **typed** or **printed in ink**, and **signed** to be considered. Corrected or extended recruitment announcements will be posted in the HR department and listed on our job link. All documents submitted as a part of your application package become the property of the College and will not be returned. Applicants with disabilities who require assistance with the recruitment process will be accommodated to the extent reasonably possible.

In accordance with the application procedures for this position, I am submitting:

- Columbia Basin Community College application form
- Cover/Introductory letter (Faculty/Adm Exempt/Classified Staff Only)
- Current resume
- College transcript(s) – copies are acceptable
- Three (3) current letters of reference (Faculty/Adm Exempt Only)
- Applicant Data Form
- Applicant Notification & Disclosure Statement Form

Position title as advertised: _____

Full-Time Part-Time/Adjunct Faculty Part-Time/Hourly*

****(Employment Action Notice Form from Supervisor REQUIRED)***

Personal Data

Name (Last, First, Middle Initial)		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		If no, what is your official immigration status?	
City, State, Zip Code		If not a U.S. citizen, are you eligible for lawful employment in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>(Note: Proof of identity, citizenship or legal right to work in the U.S. will be required upon hiring.)</i>			
Home Telephone	Business Telephone	Message/Cellular Telephone	Email address
List other names under which you have attended school, been employed, or known by:			
Do you have any relatives employed at CBC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list relatives working at CBC:		Do you currently work at CBC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently or have you ever worked at any other agency or institution of higher education in the State of Washington? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide agency or institution name and dates:		Have you ever served in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of a felony or released from prison within the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all convictions. <i>(Note: A conviction will not necessarily disqualify you for employment.)</i>		Do you wish to claim Veteran's preference? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please attach a copy of your DD214.</i>	
The principles of diversity, equal employment opportunity, and nondiscrimination are fundamental to the mission, goals, and objectives of Columbia Basin Community College. The College complies with all applicable federal and state laws designed to promote equal employment opportunity. The College is working to build a diverse staff and encourages all qualified applicants to apply.			

Employment Record

List present or most recent experience first. Explain any breaks in your employment history in the appropriate order. Make copies of page 2 as needed for listing additional experience. **You must complete the employment record section. Statements such as "See Resume or See VITA" do not substitute for completing any portion of the application.**

Employer Name		Position Title	
City, State		Dates of Employment (Mo/Yr - Mo/Yr)	
Supervisor	Supervisor's Telephone ()	Salary or Wage Rate	Hours worked per week?
Duties:			
Reason for Leaving:		May we contact?	

Skills - Indicate the type, system or software package appropriate to each section below.

Computer System (PC or MAC)	Fiscal (i.e., Bookkeeping, Payroll, Budget Mgt., Cashiering, etc.)
Word Processing Software	Database Software
Publishing Software	Spreadsheet Software

Professional References - Include those persons who have first hand knowledge of your skills and abilities.

Name	Telephone Number ()
Official Position & Employer	

Name	Telephone Number ()
Official Position & Employer	

Name	Telephone Number ()
Official Position & Employer	

Applicant's Certification and Agreement

Please read carefully before signing

I hereby certify that the information provided in this application and any attachment materials included as a part of the application process are true, correct and complete, and that there is no willful misrepresentation, falsification or omission of any information contained in my application materials. I am aware that should investigation disclose any misrepresentation, falsification or omission as stated or implied, such misrepresentation, falsification, or omission constitutes grounds for rejection of my application or immediate dismissal from employment.

I consent to and authorize the educational institutions that I attended to furnish any and all information concerning my educational background. I release all parties connected with any request for information from all claims, liability, and damages for whatever reason arising out of furnishing this information. If employed, I release Columbia Basin Community College ("CBC" or the "College") from any liability for future references it may provide regarding my work history at the College. I acknowledge that I have read, understand and consent to this authorization. **A photocopy of this release shall have the same effect as the original.**

I understand that should my position have unsupervised access to children less than sixteen years of age or developmentally disabled persons, I hereby consent to a background investigation to check all information contained in or related to my application, including records of law enforcement agencies. If I am employed, I understand that employment will be on a conditional basis pending satisfactory completion of the background check. In addition, I understand that should an investigation disclose misrepresentation, falsification or omission, such misrepresentation, falsification or omission would constitute grounds for rejection of my application or immediate dismissal from employment.

I understand that if my materials have been submitted via electronic format (email, fax, on-line, etc.), I will be required to provide an original signature at the time of an offer of employment. I further understand that by submission of any electronic materials I agree to the terms and conditions outlined in this document, and that the electronic submission is as valid as providing an original signature, subject to all terms and conditions as set forth in these documents.

In consideration of employment, I agree to abide by the rules, regulations and administrative policies of CBC, and applicable state and federal laws. I understand that no manager, supervisor, representative, or agent of CBC, other than the president of the college or his/her designee, has the authority to enter into any agreement with me for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature	Date
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APPLICANT NOTIFICATION & DISCLOSURE STATEMENT

Columbia Basin College ("CBC" or the "College") must ask you to complete the following Applicant Notification & Disclosure Statement. Pursuant to Chapter 43.43 RCW, employees and volunteers who provide service to developmentally disabled persons, vulnerable adults and/or children under the age of sixteen (16), must successfully pass a Washington State Patrol ("WSP") criminal history background check. Additionally, pursuant to RCW 43.43.845(3) an inquiry will be made for employees and volunteers in the Washington Courts database for civil adjudications as a condition for consideration of employment. "Civil adjudications proceeding" is a judicial or administrative proceeding that results in a finding of, or upholds an agency finding of, domestic violence, abuse, sexual abuse, neglect or exploitation or financial exploitation of a child or vulnerable adult under Chapters 13.34, 26.44, or 74.34 RCW, or rules adopted under Chapters 18.51 and 74.42 RCW. You may be considered for employment based on the results of the WSP criminal history background check and the Washington Courts database for civil adjudications. **Please answer fully and accurately.**

■ **Notification:** The College will confirm your answers to these questions by:

- (1) Running a WSP check for criminal convictions;
- (2) Searching the Washington Courts database for civil adjudications as listed below; and,
- (3) For licensed personnel, checking the Department of Health credentials database for disciplinary actions.

■ You will be notified of the WSP's response within ten (10) days after the College receives the report. A copy of the report available will be made available to you upon your request.

1. Have you ever been convicted of a crime? [] Yes [] No

If "yes", please identify the offense(s), provide the date(s) of the convictions(s), the name of the court, (e.g., Benton County Superior Court) and the sentence(s) imposed.

2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or a vulnerable adult in any civil adjudicative proceeding?

Civil adjudicative proceeding includes judicial or administrative proceedings as well as findings by DSHS or the Department of Health that you have not administratively challenged or appealed.

[] Yes [] No

If "yes" please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s) and the penalty(ies) imposed.

I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if hired, my employment is conditioned on satisfactory results of the background checks listed above. I have signed this Notification & Disclosure Statement on the date shown below at _____ / _____ / _____.

County

City

State

I have been notified by the Human Resources Office at CBC that Washington State Patrol Criminal /Civil Adjudication History Background Checks will be conducted on me.

Date: _____

Signature: _____

Print name: _____

Other Names Known By: _____

Birth Date: _____ / _____ / _____

Social Security Number: _____ / _____ / _____

Affirmative Action Data Form

Columbia Basin College ("CBC"), as an equal opportunity employer and educator, is committed to an Affirmative Action program. The completion of this form is optional. However, your decision to complete this form will aid CBC in its efforts to comply with State and Federal Regulations, which requires that colleges and universities collect and maintain data on sex/racial/ethnic identity of all applicants for employment. We would appreciate your assistance by completing this form. (This form will not become a part of your permanent file nor will it be made available to the search committee.)

Applicant Name: (Last, First, & M.I.)

Position you are applying for:

Date

Birth date: Month/Day/Year

Gender: (Circle One) Male Female

RECRUITMENT INFORMATION:

How did you become aware of this position? (Check one)

- | | |
|---|--|
| <input type="checkbox"/> Columbia Basin College Website | <input type="checkbox"/> Work Source (Employment Security) |
| <input type="checkbox"/> Tri-City Herald | <input type="checkbox"/> Job Board |
| <input type="checkbox"/> Other Newspaper Advertisement | <input type="checkbox"/> Chronicle of Higher Education |
| <input type="checkbox"/> Personal Referral | <input type="checkbox"/> Other (specify): _____ |

RACE/ETHNICITY:

Are you Hispanic, Latino, or Spanish? No Yes (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Mexican American (722) | <input type="checkbox"/> Puerto Rican (727) |
| <input type="checkbox"/> Cuban (709) | <input type="checkbox"/> Other Hispanic (specify) _____ |

Which is your race? (Check all that apply)

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Black or African American (870) | <input type="checkbox"/> Aleut (914) | <input type="checkbox"/> Eskimo (935) | <input type="checkbox"/> Chinese (605) |
| <input type="checkbox"/> Asian or Pacific Islander (681) | <input type="checkbox"/> Asian Indian (600) | <input type="checkbox"/> Cambodian (604) | <input type="checkbox"/> Korean (612) |
| <input type="checkbox"/> Filipino (608) | <input type="checkbox"/> Guamanian (660) | <input type="checkbox"/> Japanese (611) | <input type="checkbox"/> Caucasian/White (800) |
| <input type="checkbox"/> Laotian (613) | <input type="checkbox"/> Samoan (655) | <input type="checkbox"/> Vietnamese (619) | |
| <input type="checkbox"/> Other Race (specify) _____ | | <input type="checkbox"/> Other Culture (specify) _____ | |
| <input type="checkbox"/> American Indian or Alaska Native (597) Nation: _____ | | | |

Caucasian/White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American: A person having origins in any of the black racial groups of Africa.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin regardless of race.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including for example, Cambodia China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community recognition.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

PHYSICAL, SENSORY, OR MENTAL IMPAIRMENT: (Check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Ambulatory (Code 1) | <input type="checkbox"/> Visual (Code 2) | <input type="checkbox"/> Hearing (Code 3) |
| <input type="checkbox"/> Mental/Psychological (Code 4) | <input type="checkbox"/> Other/Unknown (Code 9) | <input type="checkbox"/> No Disability (Code BL) |

MILITARY/VETERAN STATUS: (Check all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Disabled Veteran (DV) | <input type="checkbox"/> Vietnam Era Veteran (VV) | <input type="checkbox"/> Campaign Veteran (CV) |
| <input type="checkbox"/> Disabled Veteran-Other than Vietnam Era (DO) | <input type="checkbox"/> Disabled Campaign Veteran (DCV) | |
| <input type="checkbox"/> Other/Unknown (Code 9) | <input type="checkbox"/> No Disability (Code BL) | |

EDUCATION LEVEL: (Check one)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> No Academic Credentials (1) | <input type="checkbox"/> Grade School (2) | <input type="checkbox"/> Some High School (3) | <input type="checkbox"/> High School Diploma/GED (4) |
| <input type="checkbox"/> Trade Certification (5) | <input type="checkbox"/> Some College (6) | <input type="checkbox"/> Associate Degree (7) | <input type="checkbox"/> Bachelor's Degree (8) |
| <input type="checkbox"/> Master's Degree (9) | <input type="checkbox"/> Professional Degree (10) | <input type="checkbox"/> Other Doctorate (11) | <input type="checkbox"/> Ph.D. (12) |



RETIREMENT STATUS

Employee Information – To be completed by the employee*

Employee Name (please print)	Social Security Number
<p>Retired means receiving a lifetime, defined benefit. Members who are only separated or who are only receiving Plan 3 defined contributions do not meet the retiree definition.</p> <p>1. Are you retired from one of the Washington State Retirement Systems? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. Are you retired from or have you ever been a member of the Seattle, Spokane or Tacoma Employees' Retirement System? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If yes, which one? _____</p> <p>3. Are you currently employed by another public employer and contributing to a Washington State Retirement System? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
Employee Signature	Date

Retirement Status Verification – To be completed by the employer

Question 1: If the employee answered "yes," and is:

- **Returning to Active Service:** The retiree's benefit may be impacted. Don't report until you contact Employer Support Services (ESS).
- **A Retiree Returning to Work (RRTW):** Verify that the employee is a retiree; then report as a RRTW.

Question 2: If the employee answered "yes," contact ESS.

Question 3: If the employee answered "yes," contact ESS if you need assistance determining the correct system and plan.

If the employee answered "no" to all three questions, use Member Reporting Verification (MRV) to verify the employee's past retirement history. Record any prior membership below, then report the employee in the correct system and plan.

Document prior retirement membership using MRV:	
Has the employee ever been a member of a Washington State Retirement System?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what system and plan?	
Teachers' Retirement System (TRS)	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3
School Employees' Retirement System (SERS)	<input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3
Public Employees' Retirement System (PERS)	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3
Public Safety Employees' Retirement System (PSERS)	<input type="checkbox"/> Plan 2
Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF)	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2
Washington State Patrol Retirement System (WSPRS)	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2
Judicial Retirement System (JRS)	<input type="checkbox"/>
Is the employee a retiree of a Washington State Retirement System?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I have verified the information above using MRV or by contacting a DRS representative.

Employer Signature	Date
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*RCW 41.50.139 Requires employers to solicit in writing the retiree status of all new employees.

Employer Retains Form

AGREEMENT, AUTHORIZATION, AND CONSENT FOR RELEASE OF BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I, _____
 LAST NAME FIRST NAME MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

understand that in conjunction with my application for employment, work to be performed under contract, promotion, volunteer position, reassignment, and/or retention ("Work"), **Columbia Basin College** will use the services of an outside agency to research and verify the information I have provided on my application for employment including my personal background, character, professional standing, work history and qualifications. This agency will provide a written report of its findings to **Columbia Basin College**. **Columbia Basin College** uses **Abso**, a consumer-reporting agency, as an agent to perform its Employment related background investigations.

Abso will utilize various sources of information it deems appropriate including but not limited to: criminal conviction records, current and former employers, department of motor vehicle records, military records, education records, professional and personal references. I agree, authorize and consent to the release and disclosure of any and all information including but not limited to the above to **Columbia Basin College**, and **Abso**.

I agree, authorize and consent to the procurement of a Consumer Report and/or an Investigative Consumer Report and understand that it may contain information about my character, general reputation, personal characteristics, or mode of living. This authorization in original or copy form shall be valid for my term of Work from the date indicated next to my signature. According to the Fair Credit Reporting Act, I will be notified by **Columbia Basin College** if Work is denied because of information obtained from a Consumer Reporting Agency. Additionally, I understand that if requested within 60 days, I will be given a full and accurate disclosure as to the nature and substance of all information provided to **Columbia Basin College**. I further understand that I may request a copy of the report, and that when doing so, proper identification will be required and I should direct my request to: **Abso**, 101 Creekside Ridge Ct., 2nd Floor, Roseville, CA 95678. I understand that residents of all states will automatically receive a copy of the report if an adverse action is taken regarding the employment application, or upon request as outlined herein.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES. PLEASE PRINT CLEARLY.

Signed	Today's Date
Name as it appears on your driver's license	Position Applied For
_____ Social Security Number	_____ Date of Birth
_____ Driver's License Number	_____ State

Other names you have used, or are also known as, including maiden name, name changes and any aliases:

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Mo./Yr. / Mo./Yr

Current Address:	Street	Apt.#	City	State	Zip Code	From / To?
Former Address:	Street	Apt.#	City	State	Zip Code	From / To?
Former Address:	Street	Apt.#	City	State	Zip Code	From / To?
Former Address:	Street	Apt.#	City	State	Zip Code	From / To?