



Corporate & Continuing Education Center
Expect Excellence

Hiring Information Form

PERSONAL INFORMATION		
Name (Last, First, Middle)		
Street Address		
City	State	Zip Code
Home Phone	Cell Phone	Business Phone
Email Address:		
Have you ever worked for Everett Community College?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, what was your most recent date of employment?		
Do you currently, or have you ever worked at any other agency or institution of higher education in Washington state?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, provide the agency or institution name and dates of employment:		

EMPLOYMENT HISTORY: List most recent employment first.			
Employer Name		Position Title	
City	State	Date began /	Date ended /
Duties		Last salary	
Supervisor's Name		Supervisor's Phone	
Supervisor's Email		Supervisor's Title:	
Reason for leaving			
May we contact this employer at this time?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Employer Name		Position Title	
City	State	Date began /	Date ended /
Duties		Last salary	
Supervisor's Name		Supervisor's Phone	
Supervisor's Email		Supervisor's Title:	
Reason for leaving			
May we contact this employer at this time?			<input type="checkbox"/> YES <input type="checkbox"/> NO

Employer Name		Position Title	
City	State	Date began /	Date ended /
Duties		Last salary	
Supervisor's Name		Supervisor's Phone	
Supervisor's Email		Supervisor's Title:	
Reason for leaving			
May we contact this employer at this time? <input type="checkbox"/> YES <input type="checkbox"/> NO			

EDUCATION HISTORY					
Level of education completed (check all that apply)					
<input type="checkbox"/> High School Diploma/GED		<input type="checkbox"/> Master's Degree			
<input type="checkbox"/> Associate's Degree		<input type="checkbox"/> Juris Doctor			
<input type="checkbox"/> Bachelor's Degree		<input type="checkbox"/> PhD			
<input type="checkbox"/> Other:					
Name of College / University	City/ State	Degree	Dates Attended	Credits Earned	Major

Additional Training (seminars, workshops)	Dates Attended	Topic/ Certificate

LICENSES & CERTIFICATES			
Do you hold a WA State Vocational Certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO			
License/Certificate	Type	State	Date

PROFESSIONAL REFERENCES		
Name	Phone	Email
Position & Company Name		
How does this person know of your professional skill?		
Name	Phone	Email
Position & Company Name		
How does this person know of your professional skill?		
Name	Phone	Email
Position & Company Name		
How does this person know of your professional skill?		

CONFIDENTIAL BACKGROUND

CRIMINAL HISTORY VERIFICATION All applicants are requested to answer the following questions. A conviction/criminal history record does not necessarily disqualify an individual for employment. When considering individuals for employment, conviction/criminal history records are reviewed as they relate to the content and nature of the work and the safety and security of College employees, students, the public and property.

Have you ever:		
• Been convicted, pled guilty or pled no contest to a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Been convicted, pled guilty, or pled no contest to a crime involving child abuse or sexual abuse?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Had a report of child abuse or sexual activities involving a minor filed against you with a school district, Department of Human Services, a police agency, or a court?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Been convicted of a crime involving violence or threat of violence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Been convicted of a crime involving criminal activity in drugs or alcoholic beverages?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Been convicted of any other crime except a minor traffic violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explanation of "yes" responses: _____		

AUTHORIZATION TO RELEASE AND OBTAIN INFORMATION

I authorize Everett Community College to obtain information from my prior employers and educational institutions, and to take other actions to investigate any information provided in my employment application, and to obtain information relevant to evaluating my qualifications and fitness for a position. This investigation may include on-line and/ or law enforcement background checks. I authorize my listed references, past employers, and educational institutions, and anyone else who has information about my work history, education, qualifications, or fitness, to provide such information to Everett Community College. I release the College and all persons providing information to the College from any liability whatsoever for obtaining and providing that information, regardless of the results.

I verify that all information on this hiring information is true and complete.

I understand that any misrepresentation, false statements or omissions on this application or on other documents submitted to Everett Community College will be sufficient cause for this application not to be considered or for termination if I have already been employed.

Signature: _____ Date _____

Name (Print): _____

**Submit to Corporate & Continuing Education
College in the High School**

**2333 Seaway Blvd.
Everett, WA 98203
Phone (425) 267-0150
FAX (425) 259-8299**