

The following form(s) can be filled in on-line, then printed for signatures and mailing or faxing.

To begin filling out the forms in Acrobat Reader, make sure the '**hand**' tool is selected then click on a line or in a box and begin typing. Check boxes can be clicked on or off.

**IMPORTANT:** You **MUST** print the job announcement for each position you intend to apply for to receive a listing of the required application materials. Incomplete or late applications will not be considered.

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**Community Colleges of Spokane  
STUDENT AND EMPLOYEE RIGHT TO KNOW**

CCS Student and Employee Right to Know information may be accessed on the web at:  
[http://www.ccs.spokane.edu/Students/Right\\_to\\_know/default.aspx](http://www.ccs.spokane.edu/Students/Right_to_know/default.aspx)

Reports on this web site cover: college-wide completion and/or graduation rates; athletic program participation rates and financial support data; completion and/ or graduation rates for student-athletes; Drug Free Workplace and Drug Free Schools and Communities policies and procedures; confidentiality and access of student records under the Family Education Rights and Privacy Act (FERPA); student tuition, fees, expenses and financial assistance; and district security policies and crime statistics.

The report on security and crime contains CCS policies and procedures regarding: the reporting of criminal activity; facility safety and access; law enforcement; the sale, possession and use of alcohol and illegal drugs; and the handling of sex offenses. Included in this report is information regarding programs for safety and crime prevention, drug and alcohol education, and sexual assault programs; and crime statistics for the most recent three calendar years.

Paper copies of all of the above reports are available in the registration/admissions offices of SCC, SFCC and IEL. Athletics reports also are available in the athletics department offices in Bldg 5 at SCC and Bldg 7 at SFCC. The report on safety and crime statistics also is available by contacting:

Community Colleges of Spokane  
Human Resources  
MS 1004  
501 N Riverpoint Blvd.  
Spokane WA 99217-6000  
Phone (509) 434-5040 • Fax (509) 434-5055  
[hro@ccs.spokane.edu](mailto:hro@ccs.spokane.edu)



# APPLICATION FOR EMPLOYMENT

HR OFFICE USE ONLY	
COM_____	PPMS_____
INC_____	SCAN_____
RQST INFO_____	F/G DRV_____

Advertised position title\_\_\_\_\_

Name\_\_\_\_\_ Last First Middle

Current mailing address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ ZIP\_\_\_\_\_

Home phone\_\_\_\_\_ Work/message phone\_\_\_\_\_

E-mail address\_\_\_\_\_

If you have a physical or mental condition that will prevent you from performing any of the essential elements of the position for which you are applying, please contact the HR Office at 509-434-5040 and request to speak with an ADA specialist.

If you have been convicted of a crime and/or imprisoned/jailed in the last seven (7) years you must complete CCS Employment Form (CCS 1684). Failure to disclose this information may cause your application or possible employment to be terminated for misrepresentation or omission. Please contact the HR Office at 509-434-5040 and request the form or to speak with an employment specialist.

EDUCATION	Name and address of accredited institution(s)	Major	Degree*	Credit Hours	
				Sem	Qtr
High school/ GED certificate					
Associate					
Undergraduate					
Graduate					

\* If you have completed a degree not yet conferred or are within 6 months of completing a degree, list the information with the expected date of graduation.

If you are UNDER the age of 18, check here:

Washington vocational instructor's certificate?  Yes  No If yes, type of certificate\_\_\_\_\_ Expiration date\_\_\_\_\_

Have you ever worked for Community Colleges of Spokane (CCS)?  Yes  No Another state agency?  Yes  No

If yes, give agency title and address\_\_\_\_\_ Dates of employment\_\_\_\_\_

Name, relationship, and position of relative(s) including in-laws working for CCS\_\_\_\_\_

Have you ever served in the US Armed Forces?  Yes  No Service dates\_\_\_\_\_ If yes, you must submit DD Form 214 to request veterans preference.

**Submit completed application and all required application materials to:**

Community Colleges of Spokane, Human Resources Office, 501 N Riverpoint Blvd MS 1004, PO Box 6000, Spokane WA 99217-6000  
Phone 509-434-5040 FAX 509-434-5055 hro@ccs.spokane.edu

# EMPLOYMENT RECORD

List all work experience, paid or unpaid, relevant to the position for which you are applying, most recent experience first. Account for any periods of unemployment. **Attach additional sheets, if necessary, or a resume which MUST contain all the information requested below.**

<b>EMPLOYER</b>		<b>DATES OF EMPLOYMENT</b>		
<b>JOB TITLE</b>		<b>HOURS PER WEEK</b>		<b>SALARY</b>
<b>SUPERVISOR</b>		<b>PHONE</b>		<b>MAY WE CONTACT?</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>ADDRESS</b>		<b>CITY</b>		<b>STATE</b> <b>ZIP</b>
<b>DUTIES</b>				
<b>REASON FOR LEAVING</b>				

  

<b>EMPLOYER</b>		<b>DATES OF EMPLOYMENT</b>		
<b>JOB TITLE</b>		<b>HOURS PER WEEK</b>		<b>SALARY</b>
<b>SUPERVISOR</b>		<b>PHONE</b>		<b>MAY WE CONTACT?</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>
<b>ADDRESS</b>		<b>CITY</b>		<b>STATE</b> <b>ZIP</b>
<b>DUTIES</b>				
<b>REASON FOR LEAVING</b>				

Note: Part time hourly jobs are not intended to exceed 1050 hours of work within any 12 month period from the original date of hire. If a part time job exceeds 1050 hours an employee has a right per WAC 357-19-450 to petition for remedial action within thirty days of exceeding the 1050 limit. For part time hourly jobs that exceed 350 hours within any 12 month period employees will be included in the WFSE bargaining unit.

**Applicants are encouraged to submit their completed application packets with all required documents prior to the posted review date to ensure full consideration. Qualified applicants may be placed on an eligibility list for future openings in this or a significantly similar classification.**

By submitting this application (signed or unsigned), I hereby certify that the information on this application and any attached pages or resume is true and accurate to the best of my knowledge. I authorize any representative of the Community Colleges of Spokane (CCS) to obtain any information relating to my activities from my former employers and/or provided personal references. I direct my former employers and/or provided personal references to release such information upon request of any representative of CCS regardless of any agreement I may have made with you previously to the contrary. I release any individual, including records custodians, from all liability for damages that may result to me on account of compliance or any attempts to comply with this authorization, understanding that the information released may be detrimental to my obtaining employment with CCS.

Applicant signature \_\_\_\_\_ Date signed \_\_\_\_\_

Community Colleges of Spokane (CCS) is committed to enhancing the diversity of our faculty and staff, as well as our student population. CCS is an equal opportunity employer and, as such, ensures that all persons shall have equal employment opportunities regardless of race, color, religion, gender, national origin, age, familial or veteran status, the presence of a nonjob-related medical condition or disability, or any other legally protected status. CCS maintains a smoke-free and drug-free work environment. It is CCS policy to safeguard and hold in confidence information provided by the applicant. The use of any such information will be limited to valid business, regulatory, or legal requirements. In addition, CCS complies with applicable federal, state and local laws prohibiting discrimination in employment. CCS also provides reasonable accommodation to individuals with disabilities, in accordance with applicable laws.



# VOLUNTARY DEMOGRAPHIC QUESTIONNAIRE

Name (optional) \_\_\_\_\_

Advertised position title \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Highest degree earned \_\_\_\_\_

Community Colleges of Spokane, as an equal opportunity employer, has made a commitment to an affirmative action program and is required by state and federal guidelines, including corrective employment programs, to maintain this information. The following information will be used only for the purpose of the development of affirmative action and management statistics.

### PART I Which ethnic group do you consider yourself to be (see PART II for Hispanic)? (Check one if applicable)

- Caucasian (800)                       Black or African-American (870)                       Eskimo (935)                       Aleut (941)
- American Indian—name of enrolled or principal tribal affiliation (please print) \_\_\_\_\_
- Asian Indian (600)     Chinese (605)     Filipino (608)     Guamanian (660)     Hawaiian (653)     Japanese (611)
- Korean (612)             Laotian (613)     Hmong (609)     Samoan (655)             Thai (618)             Vietnamese (619)
- Other Asian or Pacific Islander affiliation (please print) \_\_\_\_\_
- Other ethnic group (please print) \_\_\_\_\_

### PART II Are you of Spanish/Hispanic origin? (Check one)

- No, not Spanish/Hispanic     Yes, Mexican/Mexican-American (722)     Yes, Puerto Rican (727)     Yes, Cuban (709)
- Yes, other Spanish/Hispanic origin (please print) \_\_\_\_\_

### PART III Veteran Status (Check one if applicable)

- Vietnam Era (August 5, 1964-May 7, 1975) (VV)                       Other than Vietnam veteran (OV)
- Disabled Vietnam Era (DV)                       Disabled veteran (other than Vietnam) (DO)
- Spouse of deceased veteran (SV)

Dates of service: From \_\_\_\_\_ To \_\_\_\_\_

Total Active Service Time: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

### PART IV (Check yes or no for each area)

- YES     NO    Do you have a physical, sensory, or mental impairment which substantially limits one or more life activities (e.g., walking, seeing, hearing, breathing, learning)?
- YES     NO    Do you have a physical, mental, or other health condition that has lasted for six or more months **and** which limits the kind or amount of work you can do at a job?

Please check a category as appropriate if you checked yes above.

- Ambulatory/mobility (1)                       Visual (2)                       Hearing (3)                       Mental/psychological (4)
- Multiple impairments (5)                       Other (9) \_\_\_\_\_  
(identify impairment)

### PART V Other data

Gender:     Male     Female                      Date of birth:    Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_