



MANHATTAN AREA TECHNICAL COLLEGE

Employment Application

Please complete application in full and answer all questions completely. Type or print legibly. Indicate N/A if not applicable. Do not indicate "See Résumé." A résumé may be attached to provide additional supporting information. Unofficial college transcripts must be received before being considered for employment. Incomplete applications may not be given consideration for employment.

PERSONAL INFORMATION

Full Name _____
Last First Middle

Address _____
Street/P.O. Box City State Zip

Telephone where you may be contacted:

Home (_____) _____ Work or Alternate (_____) _____ Ext. _____

Fax No. (_____) _____ E-Mail Address _____

Indicate any other names under which your employment or academic records have been filed. _____

Preferred Name _____

POSITION INFORMATION

Position applied for _____

Types of teaching/training qualified to conduct. (Instructional positions only)

EDUCATION

High School Diploma or equivalent: Yes No If no, indicate highest grade completed _____

Names of Colleges or Universities attended (Unofficial College Transcripts Required)

(List most recent education first)	Major	Minor	Degree Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT

Employment History

Provide complete information for all employment. Begin with present or most recent employment. Attach additional employment history if necessary. Supplemental sheets are available upon request.

Position: _____	From	To	Immediate Supervisor	Current/Final Salary
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Employer Name: _____

Address/Phone: _____ (_____) _____
Street City State Zip Phone Ext.

Full-time Part-time Duties: _____

May we contact your current supervisor? Yes No

Reason for leaving: _____

Position: _____	From	To	Immediate Supervisor	Current/Final Salary
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Employer Name: _____

Address/Phone: _____ (_____) _____
Street City State Zip Phone Ext.

Full-time Part-time Duties: _____

Reason for leaving: _____

Position: _____	From	To	Immediate Supervisor	Current/Final Salary
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Employer Name: _____

Address/Phone: _____ (_____) _____
Street City State Zip Phone Ext.

Full-time Part-time Duties: _____

Reason for leaving: _____

Position: _____	From	To	Immediate Supervisor	Current/Final Salary
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Employer Name: _____

Address/Phone: _____ (_____) _____
Street City State Zip Phone Ext.

Full-time Part-time Duties: _____

Reason for leaving: _____

Please explain any breaks or periods of unemployment in your employment history:

From _____ To _____ Reason: _____

From _____ To _____ Reason: _____

From _____ To _____ Reason: _____

From _____ To _____ Reason: _____

SKILLS AND CERTIFICATIONS

List all valid professional licenses and registrations you hold. Include the certification/registration number and the date of expiration.

Indicate other employment skills, special training, or related courses that you would like considered as part of your application.

Describe significant contributions and achievements, including publications or awards, in professional and/or civic activities that you would like considered as part of your application.

GENERAL INFORMATION

Are you at least 18 years of age? Yes No

Have you been employed by Manhattan Area Technical College?

Yes No If so, when? _____

Are you legally authorized to work in the United States?*

Yes No

*As required by federal law, Manhattan Area Technical College will hire only United States citizens and aliens authorized to work in the United States. All new employees will be required to complete an "Employment Eligibility Verification" (Form I-9) and produce requested documentation after employment. A list of documents acceptable for proof under the Immigration Reform Control Act of 1986 is available upon your request.

Have you ever been convicted of, or pleaded "no contest" to, any felony or misdemeanor criminal offense(s), excluding traffic offenses?

Yes No If yes, please briefly explain. (A "yes" response will not automatically disqualify you from employment): _____

Have you ever had your driver's license suspended or restricted for any reason?

Yes No If yes, please briefly explain. (A "yes" response will not automatically disqualify you from employment): _____

AUTOBIOGRAPHICAL STATEMENT (Faculty Only)

Write a full statement concerning your early environment, travel, military experience, experiences outside of school which may affect teaching, extra-curricular participation, cultural and vocational interests, and any unique qualifications which may distinguish you from candidates with otherwise similar qualifications. Please include any evidence that shows you are a people-oriented person. ~~See also~~

~~See also~~ [!â•A!A••D

REFERENCES

(Do not include immediate supervisors listed in EMPLOYMENT section.)

Name _____ Organization _____ Address _____

Title _____ (Phone _____) _____ City _____ State _____ Zip _____

Name _____ Organization _____ Address _____

Title _____ (Phone _____) _____ City _____ State _____ Zip _____

Name _____ Organization _____ Address _____

Title _____ (Phone _____) _____ City _____ State _____ Zip _____

Name _____ Organization _____ Address _____

Title _____ (Phone _____) _____ City _____ State _____ Zip _____

Information provided on this application will become a part of your permanent personnel record if you are employed by the College. *Materials submitted for consideration as part of an application for employment are not returnable.* A résumé or other appropriate materials may be included with the application but may not be submitted instead of this application. Copies of college transcripts will be required as a part of the application.

NOTICE OF NON-DISCRIMINATION

The MATC Board of Directors supports and complies with Title VI and Title VII of the Civil Rights Act of 1964 as amended, Section 504 of the Rehabilitation Act of 1973 and Amendments, The Americans with Disabilities Act, Title IX, and all requirements imposed by or pursuant to the regulations of the Department of Health and Human Services, and the Department of Education. It is the policy of the Board of Directors that no person in the United States (on the grounds of race, color, religion, sex, national origin, ancestry or disability) shall be excluded from participation in, denied the benefit of, or otherwise subjected to discrimination under any program or activity of, or employment with Manhattan Area Technical College.

Specific complaints of alleged discrimination under Title IX (sex) and Section 504/ADA (handicap, disability should be referred to the Title IX/Section504/ADA Coordinator, 3136 Dickens Ave., Manhattan, KS, 66503, 785.587.2800.

APPLICANT CERTIFICATION AND RELEASE AUTHORIZATION (Please read and sign)

I hereby certify that all information provided on or in connection with this application and attachments thereto is true and complete to the best of my knowledge and I have not knowingly withheld any fact or circumstance. By signature below, I authorize the representatives of Manhattan Area Technical College to contact any of my schools, former or current employers or other references needed to provide applicable information to the position sought. I authorize any and all persons contacted by the College to disclose fully all information available to such persons, whether on record or not, which may have a bearing on my application or my employment.

I understand that if employed, any misrepresentation of the facts as stated or implied on this application form is sufficient cause for dismissal. This application does not bind me or the College for any specific period of employment and I understand that nothing in this application creates any contractual obligation of any kind for either party. If employed, I agree to comply with all policies procedures and regulations of Manhattan Area Technical College and applicable local, state, and federal laws as currently exist or as may exist in the future.

I acknowledge that Manhattan Area Technical College reserves the right to conduct background checks, drug screens and such other testing, including psychological, on its employees or applicants for employment.

q "Under the Uniform Electronic Transactions Act (K.S.A. 16-1601 et seq.), a document sent electronically may be considered an electronic record. If you wish to submit your Employment Application Form electronically, check this box and then sign and date below. In so doing, you are hereby certifying that this electronic submission shall be given the same legal effect as a handwritten signature."

Date _____ /s/ _____
Signature of Applicant

Employment Data Record

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for the Data Record is to comply with government record keeping, reporting, and other legal requirements. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please Note: YOUR COOPERATION IS VOLUNTARY, INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

Check one: Female Male

The applicant is asked to check the appropriate racial/ethnic designation as used by the Equal Employment Opportunity Commission. Such EEOC designations do not denote scientific definition of anthropological origins.

White (not of Hispanic origin). All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (not of Hispanic origin). All persons having origins in any of the black racial groups of Africa.

Hispanic. All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander. All persons having origins in any of the original people of the Far East, South Asia, the Indian subcontinent, or the Pacific Islands. The areas include, for example, China, Japan, Korea, India, the Philippine Islands, and Samoa.

American Indian or Alaskan Native. All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.