Application for Employment

Return to:

Human Resources Lake Land College 5001 Lake Land Blvd. Mattoon, IL 61938

Phone: (217) 234-5410 or (217) 234-5210

www.lakelandcollege.edu

If you are a qualified applicant with a disability and need reasonable accommodations to ensure an equal opportunity in applying for this position, please contact the Director of Human Resources at Lake Land College, (217)234-5210 or apply online at www.lakeland.cc.il.us/human_resources/employ_opportunity

Note to applicant: Only completed applications will be accepted. The information provided will become part of your official personnel file if hired.

(Please print in black ink)

LAKE LAND COLLEGE

Date:

Position(s) for wh	ich you are applying:		
Full Time:	Part Time: D	ate Available:	
Name (Print):			
	ast	First	Middle
Mailing address: _			
	# and Street, or R.R. an		
City	State	Zip	Phone: ()
City	outo	- :P	Cell : ()
	E	mail :	
Have you ever wo	orked for Lake Land Collec	je? No	_Yes Year(s):
Positions:			
Are any of your e	ducational or past employ	ment records une	der another name? NoYes
If yes, please list	name(s):		
Do you have any	relatives currently workin	g for Lake Land C	College? NoYes
If yes, please stat	te name(s), positions(s) a	nd your relations	hip:
Have you ever be	en convicted or plead gui	Ity to any misden	neanor or felony in any state?
NoYes	If yes, please explain in	detail the nature	of the conviction or guilty plea:
			riminal offense. The nature of the offense, the date of the) applied for may, however, be considered.)

Education, Training and Experience

			igh hool			rade/ Isiness			College iversities	5
School Name, City, State										
Years Completed, Circle One	9	10	11	12	1	2	1	23	456	
Diploma/Degree Completed										
Major/Area of Concentration										

Honors/Certificates/Awards:

Please list any skills, talents or interests that you feel might be of value to the college:

Complete this section if you served in the U.S. Armed Forces

Branch of Service:	Length of Service:	
Rank/Pay Grade: Upon Entrance:	At Discharge:	
Please list any special training and/or service schools a	attended:	
5		

1. Position Title:							
Years of Service:							
Years of Service:		Supervisor's Name: Phone:					
Duties:							
Reason for leaving:			May we contact your employer?	Yes	No		
2. Position Title:							
Years of Service:							
Employer's Name:	MM/YYYY	MM/YYYY	Supervisor's Name:				
Address:			Phone:	Phone:			
Duties:							
Reason for leaving:			May we contact your employer?	Yes	No		
3. Position Title:							
Years of Service:	-	-	the second se				
Employer's Name:	MM/YYYY	MM/YYYY	Supervisor's Name:				
Address:			Phone:				
Duties:							
Reason for leaving:			May we contact your employer?	Yes	No		
4. Position Title:							
Employer's Name:	ears of Service: MM/YYYY MM/YYYY mployer's Name:		Supervisor's Name:				
Address:			Phone:				
Duties:							
			May we contact your employer?	Yes	No		
Are you on a lay-off ar	nd subject to	o recall?	YesNo				

Please list employment starting with present or most recent employer

How did you learn about this position?_____

References (Do not list relatives, friends, or neighbors)

1.	Name:	
	Address:	
	City, State, Zip:	
	Email:	
2.	Name:	
	Address:	
	City, State, Zip:	
	Email:	
3.	Name:	
	Address:	
	City, State, Zip:	Phone:
	Email:	

Policy Statement

Lake Land College is an Equal Opportunity Employer. We welcome you as an applicant for employment. Your application will be considered along with others in competition for the position (s) in which you express interest. It is the policy of Lake Land College to provide equality of opportunity in employment to all persons. This policy prohibits discrimination because of race, color, sex, religion, national origin, political affiliation, disability, age, or marital status in all aspects of the college's policies, programs, practices, and operations. This policy applies to all phases of full-time, part-time, and temporary employment.

All information contained or connected with this application will be considered personal and confidential and will only be used in conjunction with your consideration for employment.

Please Read Carefully

Federal law prohibits the employment of unauthorized aliens. Every person hired must complete the I-9 form, which is used to verify a person's right to work in the United States. Any offer of employment by Lake Land College is contingent upon the submission of satisfactory proof of identity and legal authorization to work in the United States. Failure to submit adequate proof annuls any offer of employment by Lake Land College.

Are you authorized to work lawfully in the United States for Lake Land College? Yes

Will you now or in the future require Lake Land College to commence ("sponsor") an immigration case in order to employ you (for example, H-1B or other employment based immigration case)? This is sometimes called sponsorship for an employment based visa status. Yes No

Public Act 85-827 states that an employee of a "State Agency" who is in default of an education loan for six months or more, and in an amount of \$600 or more, must make loan repayment arrangements as a condition of employment.

Are you at this time in default on any educational loan (s)? Yes No

If yes and you are hired, written verification of satisfactory repayment arrangements must be provided within six months from the date of hire. Failure to provide adequate proof will result in termination of employment with Lake Land College.

SURS ANNUITANT CERTIFICATION

I hereby certify that I AM NOT I AM presently receiving an annuity (retirement payments from SURS (State Universities Retirement System).

If I am presently receiving an annuity from SURS, a history of my current and former employment with any SURS employer is attached. I understand that the College may require me to provide additional information and/or documentation regarding my employment history with SURS employers to ensure compliance with P.A. 97-968/

I have carefully reviewed this application form and certify that the facts set forth in the employment application are accurate and complete. I understand that if the College employs me, any false statement or misrepresentation on this application will be sufficient cause for dismissal or immediate cancellation of any contract executed between the applicant and Lake Land College. I understand, however, that the College is not obligated to provide employment and I am not obligated to accept employment. Nothing in this application is intended to create any contract authorized by the Board of Trustees of Lake Land College, my employment with the College is at will and nothing shall restrict my right as an employee or the right of the College as an employer to terminate an employment at any time and for any reason. I understand and agree that all information furnished in this application may be verified by the College or its authorized representatives. I waive any right I may have to notice from any individuals and organizations referred to in this application and any law enforcement organization to give the College all information relative to such verification and hereby release such individuals, organizations, and the College from any and all liability for any claim or damage resulting there from.

I hereby acknowledge that I have read and understand the above statement.

No employment is final until formal approval is granted by the Lake Land College Board of Trustees.

Date:

Signature: