

# Application for Professional Position



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)

Date: \_\_\_\_\_

Position(s) for which you are applying: \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Date Available: \_\_\_\_\_

Name (**Print**): \_\_\_\_\_  
Last First Middle

Mailing address: \_\_\_\_\_  
# and Street, or R.R. and box

City State Zip Phone: (\_\_\_\_) \_\_\_\_\_

Email: Cell : (\_\_\_\_) \_\_\_\_\_

Have you ever worked for Lake Land College? \_\_\_ No \_\_\_ Yes Year(s): \_\_\_\_\_ - \_\_\_\_\_

Positions: \_\_\_\_\_

Are any of your educational or past employment records under another name? \_\_\_ No \_\_\_ Yes

If yes, please list name(s): \_\_\_\_\_

Do you have any relatives currently working for Lake Land College? \_\_\_ No \_\_\_ Yes

If yes, please state name(s), positions(s) and your relationship: \_\_\_\_\_

Have you ever been convicted or plead guilty to any misdemeanor or felony in any state?

\_\_\_ No \_\_\_ Yes If yes, please explain in detail the nature of the conviction or guilty plea: \_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstance, and the relevance of the offense to the position(s) applied for may, however, be considered.)

## Professional Preparation

College or University	City, State	# of Years completed	Did you graduate?	Degree Received
			Y / N	
			Y / N	
			Y / N	
			Y / N	
Other Special Training				

### Teaching/Counseling/Administrative Experience:

City, State	Name of institution	Subjects and Level	Dates (Years)
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### Complete this section if you served in the U.S. Armed Forces

Branch of Service: \_\_\_\_\_ Length of Service: \_\_\_\_\_

Rank: \_\_\_\_\_ Upon Entrance: \_\_\_\_\_ At Discharge: \_\_\_\_\_

Please list any special training and/or service schools attended: \_\_\_\_\_

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**Please list employment starting with present or most recent employer**

1. Position Title: \_\_\_\_\_

Years of Service: \_\_\_\_\_ - \_\_\_\_\_  
MM/YYYY MM/YYYY

Employer's Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact your employer? \_\_\_\_ Yes \_\_\_\_ No

2. Position Title: \_\_\_\_\_

Years of Service: \_\_\_\_\_ - \_\_\_\_\_  
MM/YYYY MM/YYYY

Employer's Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact your employer? \_\_\_\_ Yes \_\_\_\_ No

3. Position Title: \_\_\_\_\_

Years of Service: \_\_\_\_\_ - \_\_\_\_\_  
MM/YYYY MM/YYYY

Employer's Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact your employer? \_\_\_\_ Yes \_\_\_\_ No

4. Position Title: \_\_\_\_\_

Years of Service: \_\_\_\_\_ - \_\_\_\_\_  
MM/YYYY MM/YYYY

Employer's Name: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ May we contact your employer? \_\_\_\_ Yes \_\_\_\_ No

Are you on a lay-off and subject to recall? \_\_\_\_ Yes \_\_\_\_ No

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

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

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
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 phrases 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 \_\_\_\_\_ No \_\_\_\_\_

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 of employment or to create any rights in the nature of a contract of employment. I understand that unless I am employed under an express written 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 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: \_\_\_\_\_