

**EMPLOYMENT APPLICATION-FACULTY**

*An Equal Opportunity/Affirmative Action Employer*



**ROCKY  
MOUNTAIN  
COLLEGE**

**PLEASE READ THE FOLLOWING BEFORE FILLING OUT THIS FORM.**  
Affirmative Action and Equal Employment Opportunity have been and will continue to be fundamental principles at Rocky Mountain College where employment is based upon personal capabilities and qualifications without discrimination because of race, color, religion, sex, sexual orientation, age, national origin, disability, marital status, or any other protected characteristics as established by law. No question on this application is intended to secure information to be used for such discrimination.

**This application will be given every consideration, but its receipt does not imply that the applicant will be employed.**

**This application will be considered only for the position for which you are applying. If you are not offered employment and still wish to be considered for employment with Rocky Mountain College, it will be necessary or you to reapply when a position becomes available for which you are qualified.**

**Please print and complete all questions. This application will not be considered if questions are left unanswered, or it is not signed and dated. Attach additional paper if allotted space is not sufficient.**

*Please type or print clearly in blue or black ink.*

Full Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL INFORMATION**

Home Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell or Mobile Number \_\_\_\_\_

Email Address \_\_\_\_\_

Are you legally eligible to work in the U.S. Yes No  
(Verification will required if hired) If yes, dates of eligibility  
from \_\_\_\_\_ to \_\_\_\_\_

Position Desired \_\_\_\_\_

Have you worked for RMC previously? Yes No

Salary desired for this position \$ \_\_\_\_\_

If yes, dates of employment \_\_\_\_\_

If employed in this position, would you be in a supervisory relationship to any relative or member of your household?  
Yes No If yes, how?

Have you ever been convicted of a felony? Yes No  
If yes, explain with date, location, and offense. A "yes" does not disqualify you from employment; all circumstances will be considered.

**How did you learn about this position? Please explain where applicable.**

- Newspaper Advertisement
- Announcement Flyer
- Professional Journal
- The Chronicle of Higher Education
- Invited to apply by:
- Other



Give the names of three (3) personal references who are not relatives or previous employers.

Name	Address, City, State, Zip	Occupation	Phone/Cell Numbers

Give the names of three (3) professional references who are not relatives or previous employers.

Name	Address, City, State, Zip	Occupation	Phone/Cell Numbers

**APPLICANT CERTIFICATION**  
***READ CAREFULLY BEFORE SIGNING***

**I certify that the information in this application is true and complete. Any false statements, concealment or omissions are grounds for refusal to hire or immediate dismissal if hired.**

I understand that employment, if offered, is contingent upon my providing additional information for employee record purposes and also upon my providing proof of identity and employment eligibility and completing a Form I-9. I will abide by and conform to all College policies, rules, and procedures as may be in effect from time to time.

I acknowledge that I have read the above, understand its content and meaning, and agree to all of its provisions.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Rocky Mountain College  
Human Resources Office  
1511 Poly Drive  
Billings, Montana 59102  
Toll Free: 1.800.877.6259  
Phone: 406.657.1043/406.657.1160  
Fax: 406.238.7262  
Email: [humanresources@rocky.edu](mailto:humanresources@rocky.edu)  
[www.rocky.edu](http://www.rocky.edu)

**VOLUNTARY and CONFIDENTIAL EQUAL EMPLOYMENT OPPORTUNITY (EEO) QUESTIONNAIRE**  
*(This information is for record-keeping and for Federal & State reporting purposes only)*



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M  
C

NAME: \_\_\_\_\_ PHONE : \_\_\_\_\_ DATE: \_\_\_\_\_

As an Equal Opportunity Employer, Rocky Mountain College is required to report the composition of its work force to state and federal governments. The information on this form will be filed separately and will not be used to make a decision about your employment. It will be available only to the person responsible for government reporting or for affirmative action reasons and safeguards will be used to prevent the discriminatory abuse of this information. Your voluntary cooperation is appreciated.

**GENERAL INFORMATION:** *(Please enter the requested information and/or check the box beside the appropriate designation)*

**Birth Date:** *(mm/dd/yr)* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **Gender:** *(Please check the box)*  Male  Female

**ETHNIC BACKGROUND:** *(Please check the box beside the ethnic group with which you most identify in custom and communication)*

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North America.
- Black or African American:** A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian:** A person having origins in any of the original peoples of the far East, Southeast Asia, or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliation or community attachment.
- Two or more Races:** All persons who identify with more than one of the above five races.

**IMMIGRATION STATUS:** *(Please check if applicable)*

- Nonresident Alien:** A person who is not a citizen or national of the United States and who is in this country on a visa or temporary basis and does not have the right to remain permanently.

**VETERAN STATUS:** *(Please check if applicable)*

- Vietnam Era (August 5, 1964 – May 7, 1976) veteran  Other than Vietnam Status  Spouse of deceased veteran
- Disabled Vietnam Veteran  Disabled veteran (other than Vietnam)

**Dates of Service:** From: \_\_\_\_\_ To: \_\_\_\_\_  
**Total Active Service Time:** Years: \_\_\_\_\_ Months: \_\_\_\_\_ Days: \_\_\_\_\_

**DISABLED STATUS:** *(Please check yes or no for each area)*

- YES  NO Do you have physical, sensory or medical 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 months or more and which limits the kind of or amount of work you can do at a job?

I prefer not to complete this form.