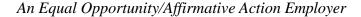
EMPLOYMENT APPLICATION-STAFF





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.

Full Name (Last)	(First)	(MI)	Date
	G	ENERAL INFOR	MATION
Home Address		Te	lephone Number
Home Address		10.	reprode redinoci
City	State Zip	Ce	ll Phone Number
Email Address:		(V	e you legally eligible to work in the U.S. Yes No erification will be required) If yes, and you are NOT rently a US Citizen please list your dates of eligibility:
Position Desired		Fro	om To
Salary desired for this position \$		На	ve you worked for RMC previously? □Yes □No
If employed in this position, would you be in a supervisory relationship to any relative or member of your household?			ves, dates of employment
Yes No If yes, how	y?		
☐ Newspaper Advertiseme	nt this position? Please expl nt		
☐ Professional Journal			
	Education		
□ Other			

EDUCATION Highest Grade Completed: (circle one) High School (name): ___ O 9 O 10 11 O 12 City, State: Undergraduate school: Major: __ # Years Completed: College or University (name): ___ City, State: Graduate school: Major: # Years Completed: College or University (name): City, State: **EMPLOYMENT** Please list the last five positions held, starting with the most current position. If more space is needed, please attach additional paper to the application form. DO NOT WRITE "SEE RESUME." IF YOU HAVE A RESUME, PLEASE ATTACH IT IN ADDITION TO COMPLETING THIS SECTION. From: Mo/Yr To: Mo/Yr Employer Position Held/ Duties Current/Last Rate of Pay: Reason for leaving: From: Mo/Yr To: Mo/Yr Employer Position Held/ Duties Current/Last Rate of Pay: Reason for leaving: From: Mo/Yr To: Mo/Yr **Employer** Position Held/ Duties

Current/Last Rate of Pay: Reason for leaving: From: Mo/Yr To: Mo/Yr Position Held/ Duties Employer Current/Last Rate of Pay: Reason for leaving: Position Held/ Duties From: Mo/Yr To: Mo/Yr **Employer** Current/Last Rate of Pay: Reason for leaving: If there are any periods unaccounted for, please explain.

	Address, City, State, Zip	Occupation	Phone/Cell Numbe
tills:			
escribe other skills or	experiences that you have not noted in other parts of	of this application, but feel w	ould help you in this position
amples include: milita	ary service, volunteer programs, etc.		
-			
ease list any special ce	ertifications, licenses, etc. that you possess that relat	te to this position.	
7 1		•	

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 authorize schools, former employers, former supervisors and co-workers to provide any and all information pertinent to my being considered for employment and hereby release those providing such information from any liability for doing so.

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 understand that if I am hired, the length of my employment is not guaranteed. Recognizing that I will be free to voluntarily terminate my employment at any time, with or without cause, I acknowledge that my employment can be modified or terminated with or without cause and with or without notice during the probationary period, and at any time for cause and that, if employed, employment does not constitute a contract of employment between myself and the College. I understand that no manager or representative of the College, other than the President, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, either prior to employment or after I have become employed. 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 it	ts content and meaning, and agree to all of its provisions.	
Applicant's Signature	Date	
1	Rocky Mountain College	
]	Human Resources Office	
	1511 Poly Drive	
	Billings, Montana 59102	

Toll Free: 1.800.877.6259 Phone: 406.657.1043 Fax: 406.238.7262 Email: jobs@rocky.edu www.rocky.edu

VOLUNTARY and CONFIDENTIAL EQUAL EMPLOYMENT OPPORTUNITY (EEO) QUESTIONNAIRE

(This information is for record-keeping and for Federal & State reporting purposes only.)



NAME:	PHONE :		DATE:			
	cision about your employment. It will	be available only	work force to state and federal governments. The information on this form will to the person responsible for government reporting or for affirmative action stary cooperation is appreciated.			
GENERAL INFORMATION: (Please enter t Birth Date: (mm/dd/yr) / /						
ETHNIC BACKGROUND: (Please check	the box beside the ethnic group with whi	ch you most identi	tify in custom and communication)			
☐ Hispanic or Latino:	A person of Cuban, Mexica origin regardless of		an, South or Central American or other Spanish culture or			
\Box White (Not Hispanic or Latino):						
☐ Black or African American:						
☐ Native Hawaiian or Other Pacific Isla	nder: A person having origins in	any of the peop	ples of Hawaii, Guam, Samoa, or other Pacific Islands.			
☐ Asian:		nt, including Ca	ginal peoples of the far East, Southeast Asia, or the ambodia, China, India, Japan, Korea, Malaysia, Pakistan, and Vietnam			
☐ American Indian or Alaska Native:			ginal peoples of North and South America, including			
			tain 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 citize		of the United States and who is in this country on a visa or temporary to remain permanently.			
VETERAN STATUS: (Please check if applica						
☐ Vietnam Era (August 5, 1964 – May 7,			☐ Spouse of deceased veteran			
☐ Disabled Vietnam Veteran	☐ Disabled vetera	•	/ietnam)			
	om: To:					
Total Active Service Time: Ye	ears: Months:	Days:				
DISABLED STATUS: (Please check yes or not yes ☐ NO ☐ YES ☐ NO ☐ Do you have a physical, mental of ☐ I prefer not to complete this form.	medical impairment which substantially	limits one or mor	ore life activities (e.g. walking, seeing, hearing, breathing, learning)? more and which limits the kind of or amount of work you can do at a job?			