

This is an application for the position of: _____

Have you completed your FAFSA? Yes No Were you awarded Work Study? Yes No

MCC Student ID# _____

Name: _____ Date: _____

Address: _____

Social Security #: _____ Telephone #: _____ - _____

Have you been employed by Mohave Community College Before? Yes No If Yes, when? _____

Are you in any way related to any current employee of Mohave Community College? Yes No If yes, give the name(s) of these individuals and their positions: _____

Military Service Branch: _____ Last Rank Held: _____

Type of Discharge: _____

Do you have a legal right to work in the United States? Yes No

Have you ever been convicted of a felony or misdemeanor offense? Yes No

Educational Background

Name of High School: _____

Location: _____ No. of years completed _____ Did you graduate? _____

Name of College: _____

Location: _____

Course of study: _____ No. of years completed _____ Did you graduate? _____

Other Education: _____

Location: _____

Course of study: _____ No. of years completed: _____ Did you graduate _____

Employment History: (Please list, giving most recent work first)

Employer: _____

Address: _____

Name and Title of Supervisor: _____

Telephone # _____ - _____ Employed from: _____ to: _____

Title and short description of the work you did: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Name and Title of Supervisor: _____

Telephone # _____ - _____ Employed from: _____ to: _____

Title and short description of the work you did: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Name and Title of Supervisor: _____

Telephone # _____ - _____ Employed from: _____ to: _____

Title and short description of the work you did: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Name and Title of Supervisor: _____

Telephone # _____ - _____ Employed from: _____ to: _____

Title and short description of the work you did: _____

Reason for Leaving: _____

References: [List three people whom we can contact as professional references.]

Name: _____ Telephone # _____ - _____

Name: _____ Telephone # _____ - _____

Name: _____ Telephone # _____ - _____

Can you work flexible hours? Yes No

Do you have transportation? Yes No

Please print out a copy of your class schedule and attach to your application.

What experience, skills and/or abilities do you feel you would bring to this position?

Typing: Yes No WPM _____ Filing Experience: Yes No

Computer Programming Experience: Yes No

Bookkeeping Experience: Yes No Types of programs used: _____

Calculation Machines Experience: Yes No

Data Entry Experience: Yes No

List types of software experience such as excel, access, power point, etc.: _____

Other: _____

Why are you applying for this position with Mohave Community College? : _____

Are there any other experiences, skills, or qualifications which you feel would especially qualify you for this position? : _____

Notice to Applicants with a Disability:

Arrangements to make reasonable accommodations to applicants with a disability may be requested by contacting the Mohave Community College Personnel Department.

I understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of, or if employed, termination from employment.
2. It is my understanding that Mohave Community College will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving or receiving of any information requested by Mohave Community College and I release from liability any person giving or receiving any such information. I understand falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I further understand that this is an application for employment and that no employment contract is being offered.
4. I have read and understand the above statements.
5. I have attached a copy of my class schedule to this application.

Signature of the Applicant: _____

_____MCC Use Only_____

Interview date: _____

Interviewer: _____

Interviewer's Questions/ Comments/ Recommendations:
