

**For office use only:**

**Hire Date:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Exemptions:** \_\_\_\_\_

**File Number:** \_\_\_\_\_

**Staff Initial:** \_\_\_\_\_

## **EMPLOYMENT APPLICATION**

**Qualified applicants receive equal consideration. We consider applicants for all positions without regard to race, color, national origin, religion, age, gender, disability, military or veteran status, marital status or sexual orientation or any other characteristic protected under local, state or federal law.**

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER.**

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Permanent Address for end of year W-2:**

\_\_\_\_\_  
\_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Student M #:** \_\_\_\_\_ **(if applicable)**

**Telephone (daytime):** \_\_\_\_\_ **Telephone (evening):** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Positions you are applying for:** \_\_\_\_\_

**Have you previously worked for Monroe Community College Association, Inc.?**

**If so, when:** \_\_\_\_\_ **What Department:** \_\_\_\_\_

**If you are under 18 years of age, can you provide required proof of your eligibility to work?**

[ ☐ ] Yes [ ☐ ] No

**If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States** [ ☐ ] Yes [ ☐ ] No

\_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge. I agree that the MCC Association, Inc. shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in employment termination.

I authorize you to make such investigations and inquiries as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

I understand that this application is not and is not intended to be any kind of contract or agreement.

I understand that I am required to abide by all rules and regulations of the Monroe Community College Association, Inc.

My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**EMPLOYMENT DATA - OFFICE USE ONLY**

START DATE: \_\_\_\_\_

Full-time ☐

Part-time ☐

Student ☐

Seasonal ☐

Coach ☐

Advisor ☐

Title: \_\_\_\_\_  
Classification: \_\_\_\_\_

Position: \_\_\_\_\_  
(Exempt or Non-Exempt)

Bookstore: ☐

Child Care Center: ☐

Residence Halls: ☐

Student Association: ☐

Athletics: ☐

Mavericks Swim Club: ☐

Hourly Rate: \_\_\_\_\_

Stipend: \_\_\_\_\_

Federal (from W-4): \_\_\_\_\_

State (from IT-2041): \_\_\_\_\_

Direct Deposit: \_\_\_\_\_ (attach direct deposit form-N/A for advisors and coaches)

**SUPERVISOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DIRECTOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_