



Monroe Community College Association, Inc. 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 _____ MI _____

Street Address _____

City _____ State _____ Zip _____

(PERMANENT ADDRESS for END OF YEAR W-2 if different from above):

Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Student M # M00 _____ *(if applicable)*

Phone Number (Daytime) _____ - _____ (Evening) _____ - _____

Email Address _____

Position(s) you are applying for _____

Have you previously worked for MCC Association, Inc.?

If so, when _____ and 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 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

POSITION _____

CLASSIFICATION (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 _____