

Applicant Name: \_\_\_\_\_

# TREASURE VALLEY COMMUNITY COLLEGE

**Please return this application and all other requested materials to:**

Human Resources  
Treasure Valley Community College  
650 College Blvd.  
Ontario, OR 97914

(541) 881-8822 ext. 226 (voice)  
(541) 881-2723 (TDD)

To view the most recent campus security report, please visit:  
<http://www.tvcc.cc/hr/>

**Statement of Non-Discrimination**

It is the policy of the Treasure Valley Community College Board of Education and the College that there will be no discrimination or harassment on the grounds of race, color, gender, marital status, religion, national origin, age or disability in any educational program, activity or employment. Persons having questions about equal opportunity and non-discrimination should contact the Director of Human Resources located in the Student Services Center on the south side of the Four Rivers Cultural Center Building. Telephone (541) 881-8822, ext. 226 or TDD (541) 881-2723.

\_\_\_\_\_ Date

\_\_\_\_\_ Last Name First Name MI

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

\_\_\_\_\_ Home Phone Cell Phone Email Address

\_\_\_\_\_ Title of Position for Which Applying \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

Have you ever worked for TVCC in the past? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please state your job title \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Have you ever been a student at TVCC? \_\_\_\_\_ No \_\_\_\_\_ Yes

Are you currently a member of the Public Employees Retirement System \_\_\_\_\_ No \_\_\_\_\_ Yes

**Educational and Professional Experience**

Colleges and Universities attended, or equivalent professional training and/or study:

Degree	Major	Minor	Name/Institution	Location	From	To

Vocational experience, special training, licenses, certificates, etc.	Location	From	To

If the job requires, do you have a valid driver's license? No \_\_\_\_\_ Yes \_\_\_\_\_

**Equal Employment Opportunity Survey - Voluntary Information**

Treasure Valley Community College is required by law to report the composition of its workforce to the government. The information on this form will be filed separately from the main application form and will NOT be accessible to those processing your application. Safeguards are used to prevent discriminatory abuse of this information. It will be available only to the person responsible for governmental reporting. Your voluntary cooperation is appreciated.

Date: \_\_\_\_\_

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Name: \_\_\_\_\_

Title/Position Applied For: \_\_\_\_\_

**Ethnicity:**

\_\_\_\_\_ African American

\_\_\_\_\_ Caucasian/White

\_\_\_\_\_ Asian/Pacific Islander

\_\_\_\_\_ Hispanic American

\_\_\_\_\_ Native American/Alaskan

**Disability:**

\_\_\_\_\_ Not Disabled

\_\_\_\_\_ Mental/Psychological

\_\_\_\_\_ Ambulatory/Mobility

\_\_\_\_\_ Multiple Handicaps

\_\_\_\_\_ Visual

\_\_\_\_\_ Other

\_\_\_\_\_ Hearing

**Military Status:** (please check all that apply)

\_\_\_\_\_ Disabled Veteran Other Than Vietnam

\_\_\_\_\_ Disabled Veteran, Vietnam Era

\_\_\_\_\_ Veteran Other Than Vietnam

\_\_\_\_\_ Vietnam Era Veteran

\_\_\_\_\_ Spouse of Deceased Veteran

\_\_\_\_\_ Non-Veteran

Supplemental Information: Please indicate below how you learned about this position opening.

**Newspaper (including online version):**

- \_\_\_\_\_ Argus Observer
- \_\_\_\_\_ Oregonian
- \_\_\_\_\_ Idaho Statesman
- \_\_\_\_\_ Chronicle of Higher Education
- \_\_\_\_\_ Today's Careers

**Internet:**

- \_\_\_\_\_ www.tvcc.cc
- \_\_\_\_\_ Black EE Journal
- \_\_\_\_\_ Women in Higher Education
- \_\_\_\_\_ Chronicle of Higher Education
- \_\_\_\_\_ AAPET

**Other:**

- \_\_\_\_\_ Employment Department
- \_\_\_\_\_ Placement office at College or University
- \_\_\_\_\_ Other \_\_\_\_\_

**Please complete this section even if you attach a resume. List present and past employment with most recent first. If you need more room, copy this sheet and attach.**

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ hours per week \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Job Title & Duties \_\_\_\_\_

Yes, I give TVCC permission to contact this employer.

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ hours per week \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Job Title & Duties \_\_\_\_\_

Yes, I give TVCC permission to contact this employer.

Employer \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Starting Wage \_\_\_\_\_ Ending Wage \_\_\_\_\_

Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ hours per week \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Job Title & Duties \_\_\_\_\_

Yes, I give TVCC permission to contact this employer.

**References**

Please list below individuals who the College may contact in reference to your abilities relative to the position applied for. Do not include former employers or relatives.

Name and Relationship	City	Telephone Number or Email

**Additional Information**

Please list any additional information, job related experiences, skills, or qualifications that may benefit you in this job.

---

---

---

---

Confidential applications will be accepted, however, finalists for any position are hereby notified that prior to final recommendation for hire, current or previous supervisors may be contacted for references.

**Applicant's Certification:**

**Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.**

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not, and is not intended to be, a contract of employment, nor does it obligate the employer to employ me. I acknowledge that my employment is at-will and can be terminated by either party with or without cause or notice. No one has any authority to enter into any agreement for employment for any specified period of time other than as specifically acknowledged in writing by the College President.

Date \_\_\_\_\_ Signature \_\_\_\_\_