



**BELLEVUE**  
COLLEGE

**Human Resources**  
3000 Landerholm Circle SE  
Bellevue, WA 98007-6484  
(425) 564-2274  
TDD 564-4184  
E-mail: jobs@bellevuecollege.edu

# Application for Employment Classified Personnel

An Equal Opportunity/Affirmative Action Employer

**Instructions: This application must be filled out completely, typed or printed in ink, and signed to be considered.**

Social Security Number (OPTIONAL)

Position title as advertised: \_\_\_\_\_

--	--	--	--	--	--	--	--

Full-time     Part-time     Temporary

## Personal Data

Name (Last, First, Middle Initial)		How did you learn about the position?	
Street Address		<input type="checkbox"/> Seattle Times	<input type="checkbox"/> Web Site
City, State, Zip Code		<input type="checkbox"/> Eastside Journal	<input type="checkbox"/> HigherEdJobs.com
		<input type="checkbox"/> Jobline	<input type="checkbox"/> Walk-in
		<input type="checkbox"/> WorkFirst	<input type="checkbox"/> Other _____
Home Telephone	Business Telephone	Message Telephone	E-mail address
List other names under which you have attended school, been employed, or known by:			
Have you ever worked at any other agency or institution of higher education in the State of Washington? <input type="checkbox"/> yes <input type="checkbox"/> no    If yes, provide agency or institution name and dates:		Have you ever served in the Armed Forces? <input type="checkbox"/> yes <input type="checkbox"/> no	
_____		Do you wish to claim Veteran's preference? <input type="checkbox"/> yes <input type="checkbox"/> no	
_____		If yes, please attach a copy of DD214.	
_____			

*Bellevue College is committed to increasing cultural diversity among its professional staff. Applicants with experience and/or backgrounds which will add cultural richness and diversity to Bellevue College are encouraged to apply. Bellevue College is a drug-free workplace.*

## Employment Record – List present or most recent experience first.

Statements such as "See resume" do not substitute for completing any portion of the application. Attach additional sheets as necessary.

Firm Name	Title
City, State	
Supervisor	Supervisor's telephone
May we contact supervisor? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of hours worked per week    Salary
Dates of Employment (Mo/Yr - Mo/Yr)	
Duties	
Reason for leaving	

**Employment Record** (continued) – List present or most recent experience first.

Statements such as “See resume” do not substitute for completing any portion of the application. Attach additional sheets as necessary.

Firm Name	Title	
City, State		
Supervisor	Supervisor's telephone	
May we contact supervisor? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of hours worked per week	Salary
Dates of Employment (Mo/Yr - Mo/Yr)		
Duties		
Reason for leaving		

Firm Name	Title	
City, State		
Supervisor	Supervisor's telephone	
May we contact supervisor? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of hours worked per week	Salary
Dates of Employment (Mo/Yr - Mo/Yr)		
Duties		
Reason for leaving		

Firm Name	Title	
City, State		
Supervisor	Supervisor's telephone	
May we contact supervisor? <input type="checkbox"/> yes <input type="checkbox"/> no	Number of hours worked per week	Salary
Dates of Employment (Mo/Yr - Mo/Yr)		
Duties		
Reason for leaving		

**Employment Record** (continued) – List present or most recent experience first.

Statements such as “See resume” do not substitute for completing any portion of the application. Attach additional sheets as necessary.

Firm Name		Title	
City, State			
Supervisor		Supervisor's telephone	
May we contact supervisor? <input type="checkbox"/> yes <input type="checkbox"/> no		Number of hours worked per week	Salary
Dates of Employment (Mo/Yr - Mo/Yr)			
Duties			
Reason for leaving			

Firm Name		Title	
City, State			
Supervisor		Supervisor's telephone	
May we contact supervisor? <input type="checkbox"/> yes <input type="checkbox"/> no		Number of hours worked per week	Salary
Dates of Employment (Mo/Yr - Mo/Yr)			
Duties			
Reason for leaving			

**Professional References**

Name		Official Position	
Address		Telephone Number	
Name		Official Position	
Address		Telephone Number	
Name		Official Position	
Address		Telephone Number	

**Licenses and Certificates** – List all of your professional licenses, permits and certificates.

License	Type	State	Effective Date	Expiration Date
License	Type	State	Effective Date	Expiration Date

## Education

Have you graduated from high school or received a GED certificate?  yes  no

Name of High School \_\_\_\_\_

City, State \_\_\_\_\_

Type of School	Name of School / Location	From: Mo/Yr	To: Mo/Yr	Total Credits Completed*		Degree or Diploma	Major
				Quarter	Semester		
College or University (Undergraduate)							
College or University (Graduate)							
Technical, business or other school							

\*Indicate whether semester (S) or quarter (Q) credits

## Applicant's Certification and Agreement

### ***Please read carefully***

I hereby certify that the information provided in this application is true and complete, and that there are no willful misrepresentations in and no falsification of any of the statements and answers to questions. I am aware that should investigation disclose any misrepresentation or falsification, such disclosure will constitute grounds for rejection of application or immediate dismissal.

I hereby consent to and authorize any of my former employers to furnish any and all relevant information concerning my previous employment record. I hereby consent to and authorize any of my previous educational institutions to furnish any and all relevant information concerning my previous educational record. I release all parties connected with any request for information from all claims, liability, and damages for whatever reason arising out of furnishing this information. If employed, I release Bellevue College from any liability for future references it may provide regarding my work history at the College.

I understand that my employment is contingent upon proof of employment authorization and of identity and will present the documents when asked.

I understand that should my position have unsupervised access to children under sixteen years of age or developmentally disabled persons I will consent to a background investigation to check all information contained in or related to my application, including records of law enforcement agencies. If I am employed, I understand that employment will be on a conditional basis pending completion of the background check. I understand that should investigation disclose misrepresentation or omission, such disclosure will constitute grounds for rejection of application or immediate dismissal.

Bellevue College is an Equal Opportunity Employer and operates under an Affirmative Action Plan, in accordance with applicable federal and state laws and regulations. BC reaffirms its policy of equal opportunity regardless of race, color, creed, religion, national origin, sex, sexual orientation including gender identity or expression, age, marital status or family status, disability, or status as a disabled veteran or Vietnam era veteran. Please visit [www.bellevuecollege.edu/equal.asp](http://www.bellevuecollege.edu/equal.asp) or contact Human Resources at (425) 564-2274, TTY (425) 564-4184, Fax (425) 564-3173 or email [hr@bellevuecollege.edu](mailto:hr@bellevuecollege.edu) for more information or assistance.

A photocopy of this release shall have the same effect as the original.

### **I have read and understand the information on this application.**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_



# APPLICANT DEMOGRAPHIC INFORMATION

Human Resources

3000 Landerholm Cr SE, Bellevue WA 98007

To assist us in tracking the diversity of our applicant pools, we ask that you voluntarily provide us with the following information. Your response will remain confidential. This form will be removed from your application and will not be forwarded to the selection committee.

Applicant name	Position Ref #	Age 40+ Protected Class <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature (I certify that this information is true and accurate to the best of my knowledge)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

**Demographics Information** (used only for the purpose of the development of management statistics)

**Part A**  
 Are you of Hispanic / Latino origin? (Check one, write in as applicable)

No, not Hispanic / Latino     
  Yes, Mexican (722)     
  Yes, Puerto Rican (727)     
  Yes, Cuban (709)

Other Hispanic/Latino origin, please specify: \_\_\_\_\_

The above **Part A** is about ethnicity, not race. **Please mark in Part B** one or more boxes to indicate what you consider your race to be.

**Part B (check one or more boxes as applicable)**

Caucasian (800)   
  Black/African-American (870)   
  Eskimo (935)   
  Aleut (941)   
  Asian Indian (600)

American Indian – name of enrolled or principal tribal affiliation (please specify) \_\_\_\_\_

Japanese (611)   
  Chinese (605)   
  Filipino (608)   
  Korean (612)   
  Laotian (613)   
  Hmong (609)   
  Vietnamese (619)

Native Hawaiian (653)   
  Pacific Islander (please specify) \_\_\_\_\_

Other ethnic group (please specify) \_\_\_\_\_

**Part C**

Veteran Status (check one if applicable)      Dates of service (as they appear on the DD214)

Vietnam Era (8/5/64-5/7/75) (W)     
  Other than Vietnam vet (OV)     
 From: \_\_\_\_\_ To: \_\_\_\_\_

Disabled Vietnam Era (DV)     
  Disabled Vet (other than Vietnam Era)(DO)     
  Spouse of deceased veteran (SV)

**Part D**

Disability Status

Yes,  No    Do you have a physical, sensory, or mental impairment which substantially limits one or more life activities (e.g., walking, seeing, hearing, breathing, learning)?

Yes,  No    Do you have a physical, mental, or other health condition that has lasted for six or more months and which limits the kind or amount of work you can do at a job?

If yes to either of the above, please check category(s):

Ambulatory/mobility (1)   
  Visual (2)   
  Hearing (3)   
  Mental/Psychological (4)

Multiple impairments (5)   
  Other (9) (identify) \_\_\_\_\_

Caucasian/White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American: A person having origins in any of the black racial groups of Africa.

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community attachment.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.