



Danville Area Community College

Human Resources
 2000 East Main Street
 Martin Luther King Memorial Way
 Danville, Illinois 61832-5199
 Phone: 217-443-8756
 Fax: 217-443-8560
 E-mail: hr@dacc.edu
 TTY: 217-443-8701

EMPLOYMENT APPLICATION

We welcome you as an applicant for employment. Your application will be considered along with others in competition for the position in which you express interest. It is the policy of Danville Area Community College to provide equality of opportunity in education and employment for all students and personnel. Discrimination based on race, color, sex, religion, age, national origin, ancestry, marital status, unfavorable discharge from military service (except dishonorable), mental or physical disability unrelated to the ability to perform essential job functions, veteran status, sexual orientation, or any basis of discrimination precluded by the applicable federal and state statutes, is strictly prohibited. If you believe that any of the above factors has entered into the consideration of your application for employment, contact the Affirmative Action Officer, Danville Area Community College, 2000 East Main St. *Martin Luther King Memorial Way*, Danville, IL 61832-5199.

Only employment applications with all sections COMPLETED will be accepted.

The information provided will become part of your personnel file if appointed.

Position Desired (List specific title)

Personal Data

Last Name	First Name	Application Date
Address	City	State Zip Code
Residence Phone	Cell Phone	Day Phone
Employment status desired Full Time Part Time Either	E-Mail address	
Were you previously employed at DACC? If yes, what dates?	Yes No Department?	Supervisor?
Are you legally eligible for employment in the United States and can you provide proof upon hire? * Yes * No		
Have you ever been a member of the armed forces? Yes No If so, did your military experience have any relationship to the position for which you are applying? Please explain.		
Have you ever been dismissed or asked to resign from a position? Yes No If yes, please explain.		
Please indicate any criminal convictions which you may have that relate to your fitness to perform the duties of the position. A conviction record will not necessarily be a bar to employment with the College and factors such as age and time of offense, seriousness and nature of the violation, and rehabilitation will be taken into consideration. You are not obligated to disclose sealed or expunged conviction or arrest records.		
Please express in some detail, why you are interested in working in your particular field at Danville Area Community College, why you believe you are qualified for the position for which you are applying, and how you think your services would benefit the college. (Use additional page if necessary)		

Education

Applicant's Last Name

First Name

Copies of transcripts should be attached to this application for positions which require specific academic credentials.

High School or GED

Name of School	City	State	Diploma / Certificate? Yes No
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Vocational/Technical/Training or Certification (Business, Industrial, Military)

Name of School	Certificate Obtained
City	State
Date Last Attended	

Name of School	Certificate Obtained
City	State
Date Last Attended	

Undergraduate Education (Associate's/Bachelor's degrees)

Name of College	Date Last Attended	Degree Obtained? Yes No
Specify:		
City	State	Major
		Minor

Name of College	Date Last Attended	Degree Obtained? Yes No
Specify:		
City	State	Major
		Minor

Graduate Education

Name of College	Date Last Attended	Degree Obtained? * Yes * No
Specify:		
City	State	Major
		Minor

Name of College	Date Last Attended	Degree Obtained? * Yes * No
Specify:		
City	State	Major
		Minor

Skills Inventory: This section should be completed only if it relates to the position for which you are applying.

bookkeeping/accounting building operation electrical plumbing carpentry environmental control security grounds custodial data entry dictaphone duplicating filing/file organization	keyboarding (speed) mail processing main frame computing operations programming systems design microcomputing (specify package) word processing database spreadsheet publishing special use	office procedure development payroll personnel printing shorthand speedwriting switchboard writing correspondence news grants publications
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Employment Data

Applicant's Last Name

First Name

List present and at least the past 20 years of employment beginning with the most recent. (Use additional page if necessary)

1.

Name of Employer		Dates of Employment (month and year) From: _____ To: _____	
Street Address		City	State
Position Title (if instruction, list subjects)			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Supervisor & Title	Telephone	Cell Phone	E-Mail
Reason for Leaving			Salary

2.

Name of Employer		Dates of Employment (month and year) From: _____ To: _____	
Street Address		City	State
Position Title (if instruction, list subjects)			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Supervisor & Title	Telephone	Cell Phone	E-Mail
Reason for Leaving			Salary

3.

Name of Employer		Dates of Employment (month and year) From: _____ To: _____	
Street Address		City	State
Position Title (if instruction, list subjects)			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Supervisor & Title	Telephone	Cell Phone	E-Mail
Reason for Leaving			Salary

4.

Name of Employer		Dates of Employment (month and year) From: _____ To: _____	
Street Address		City	State
Position Title (if instruction, list subjects)			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Supervisor & Title	Telephone	Cell Phone	E-Mail
Reason for Leaving			Salary

Licenses / Certificates

Type	Year Received	Expiration Date

Applicant's Last Name

First Name

References: List educational, business and/or professional references other than persons listed under Employment Data.

1. Name Organization

Relationship # Years Known Daytime Phone Cell Phone Evening Phone E-Mail

2. Name Organization

Relationship # Years Known Daytime Phone Cell Phone Evening Phone E-Mail

3. Name Organization

Relationship # Years Known Daytime Phone Cell Phone Evening Phone E-Mail

Mission Statement

Danville Area Community College is committed to being a recognized leader in providing quality, innovative and adaptive programs and services which meet the life-long academic, cultural and work force needs of our diverse community.

Certification

I understand and agree that employment constitutes acceptance of the terms and conditions specified in the Board Policy Manual in effect at Danville Area Community College. I further understand that the language used in this application is not intended to create, or is it to be construed to constitute any sort of contract between Danville Area Community College and applicants for this position.

I, the undersigned, hereby duly authorize Danville Area Community College officials to investigate all statements in this application and included in my resume (vitae), and to secure any necessary information from all my subordinates, employers, and references, organizations, and academic institutions. I further authorize and consent to those persons, organizations, educational institutions, and employers to divulge relevant information to Danville Area Community College notwithstanding that it might otherwise be confidential. I hereby release all of those subordinates, employers, references, organizations, academic institutions, and Danville Area Community College Board of Trustees from any and all liability arising from their giving or receiving information about my criminal history, employment history, my academic credentials or qualifications, and my suitability for employment with Danville Area Community College.

I understand and agree that, if hired, my employment is for no definitive period and, regardless of the date of payment of my wages or salary, may be terminated at any time without any prior notice: except where specific contract terms or otherwise by applicable law or board policy dictates dismissal shall be with or without cause. I further understand that only the Board of Trustees has the authority to create or enter into any employment agreement on behalf of Danville Area Community College.

In consideration of my employment, if hired, I agree to comply with all rules, procedures, and regulations set forth by the Board of Trustees. The Board of Trustees reserves the right to change these rules, policies, and procedures at any time. I furthermore understand consideration of this application and the continuation of this application of any subsequent employment depends upon the truth and accuracy of this information.

If applicable, copies of official transcripts, licenses, resumes, or certificates must be submitted with this application and **must** be on file with the College **prior** to employment.

Signature of Applicant

Date

PRE-EMPLOYMENT AFFIRMATIVE ACTION INFORMATION

It is the policy of Danville Area Community College to provide equality of opportunity in education and employment for all students and personnel. Discrimination based on race, color, sex, religion, age, national origin, ancestry, marital status, unfavorable discharge from military service, mental or physical disability, veteran status, sexual orientation, or any basis of discrimination precluded by the applicable federal and state statutes, is strictly prohibited.

The College is committed to a program of affirmative action to alter patterns of growth and employment which indicate underutilization of members of minority groups and women, whether in administration, faculty, classified staff, or students. The College further pledges itself to a program of affirmative action to employ, and advance in employment, qualified handicapped individuals, disabled veterans and veterans of the Vietnam era.

This information is requested solely for the purpose of compliance with legal recordkeeping requirements. Providing this information is completely voluntary. The information we ask you to provide will not affect your employment or be available to, or used in, any selection process. It will be used by the Affirmative Action Office to compile statistics only and will be kept confidential.

Name: _____
(last) (first)

Social Security Number: _____

Specific Position Applied for: _____

Gender: Male Female

Race/Ethnic Group:

- | | | | |
|------------------------------|--------------------------------|-----------------------------|---------------------------|
| <input type="checkbox"/> AN | American Indian/Alaskan Native | <input type="checkbox"/> AS | Asian |
| <input type="checkbox"/> BL | Black/African American | <input type="checkbox"/> HP | Hawaiian/Pacific Islander |
| <input type="checkbox"/> HIS | Hispanic/Latino | <input type="checkbox"/> WH | White |

Are you a U.S. citizen?

Yes No

If you are not a citizen, can you submit verification of your legal right to work in the U.S.?

Yes No