



Human Resource Department  
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Pasco, WA 99301  
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# Application for Employment

An Equal Opportunity Employer and Educator

Email: [jmiller@columbiabasin.edu](mailto:jmiller@columbiabasin.edu) Web: [www.columbiabasin.edu/jobs](http://www.columbiabasin.edu/jobs)

**Instructions:** This application must be filled out completely, **typed** or **printed in ink**, and **signed** to be considered. Corrected or extended recruitment announcements will be posted in the HR department and listed on our job link. All documents submitted as a part of your application package become the property of the College and will not be returned. Applicants with disabilities who require assistance with the recruitment process will be accommodated to the extent reasonably possible.

In accordance with the application procedures for this position, I am submitting:

- |   |   |
|---|---|
| <input type="checkbox"/> Columbia Basin College Application for Employment    | <input type="checkbox"/> Cover/Introductory Letter (Faculty/Adm Exempt/Classified Staff Only) |
| <input type="checkbox"/> Applicant Notification & Disclosure Statement Form   | <input type="checkbox"/> Current Resume   |
| <input type="checkbox"/> Affirmative Action Data Form                         | <input type="checkbox"/> College Transcript(s) - Copies are acceptable                        |
| <input type="checkbox"/> Retirement Status Form                               | <input type="checkbox"/> Three (3) Current Letters of Reference (Faculty/Adm Exempt Only)     |
| <input type="checkbox"/> Abso Background Check Form (Faculty/Adm Exempt Only) |   |

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

Full-Time  Part-Time/Adjunct Faculty  Part-Time/Hourly\*

***\*(Employment Action Notice Form from Supervisor REQUIRED)***

## Personal Data

Name (Last, First, Middle Initial)		Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		If no, what is your official immigration status?	
City, State, Zip Code		If not a U.S. citizen, are you eligible for lawful employment in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Note: Proof of identity, citizenship or legal right to work in the U.S. will be required upon hiring.)</i>	
Home Telephone	Business Telephone	Message/Cellular Telephone	Email address
List other names under which you have attended school, been employed, or known by:			
Do you have any relatives employed at CBC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list relatives working at CBC:		Do you currently work at CBC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently or 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	
Have you been convicted of a felony or released from prison within the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all convictions. <i>(Note: A conviction will not necessarily disqualify you for employment.)</i>		Do you wish to claim Veteran's preference? <input type="checkbox"/> Yes <input type="checkbox"/> No <b><i>If yes, please attach a copy of your DD214.</i></b>	
The principles of diversity, equal employment opportunity, and nondiscrimination are fundamental to the mission, goals, and objectives of Columbia Basin Community College. The College complies with all applicable federal and state laws designed to promote equal employment opportunity. The College is working to build a diverse staff and encourages all qualified applicants to apply.			

## Employment Record

List present or most recent experience first. Explain any breaks in your employment history in the appropriate order. Make copies of page 2 as needed for listing additional experience. **You must complete the employment record section. Statements such as "See Resume or See VITA" do not substitute for completing any portion of the application.**

Employer Name		Position Title	
City, State		Dates of Employment (Mo/Yr - Mo/Yr)	
Supervisor	Supervisor's Telephone	Salary or Wage Rate	Hours worked per week?
Duties:			
Reason for Leaving:		May we contact?	

**Employment Record** - Continue with next most recent experience.

Employer Name		Position Title	
City, State		Dates of Employment (Mo/Yr - Mo/Yr)	
Supervisor	Supervisor's Telephone	Salary or Wage Rate	Hours worked per week?
Duties:			
Reason for Leaving:		May we contact?	

Employer Name		Position Title	
City, State		Dates of Employment (Mo/Yr - Mo/Yr)	
Supervisor	Supervisor's Telephone	Salary or Wage Rate	Hours worked per week?
Duties:			
Reason for Leaving:		May we contact?	

**Education**

Have you graduated high school or received a GED or equivalency certificate? [ ] Yes [ ] No	
Name of 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 (Under-graduate)							
College or University (Graduate)							
Technical, business or other school							

**Training** - Seminars, workshops, etc. (Include dates and length of training. You may attach an additional sheet if necessary.)


**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:

**Skills** - Indicate the type, system or software package appropriate to each section below.

Computer System (PC or MAC)	Fiscal (i.e., Bookkeeping, Payroll, Budget Mgt., Cashiering, etc.)
Word Processing Software	Database Software
Publishing Software	Spreadsheet Software

**Professional References** - Include those persons who have first hand knowledge of your skills and abilities.

Name	Telephone Number
Official Position & Employer	

Name	Telephone Number
Official Position & Employer	

Name	Telephone Number
Official Position & Employer	

**Applicant's Certification and Agreement**

**Please read carefully before signing**

I hereby certify that the information provided in this application and any attachment materials included as a part of the application process are true, correct and complete, and that there is no willful misrepresentation, falsification or omission of any information contained in my application materials. I am aware that should investigation disclose any misrepresentation, falsification or omission as stated or implied, such misrepresentation, falsification, or omission constitutes grounds for rejection of my application or immediate dismissal from employment.

I consent to and authorize the educational institutions that I attended to furnish any and all information concerning my educational background. 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 Columbia Basin Community College ("CBC" or the "College") from any liability for future references it may provide regarding my work history at the College. I acknowledge that I have read, understand and consent to this authorization. **A photocopy of this release shall have the same effect as the original.**

I understand that should my position have unsupervised access to children less than sixteen years of age or developmentally disabled persons, I hereby 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 satisfactory completion of the background check. In addition, I understand that should an investigation disclose misrepresentation, falsification or omission, such misrepresentation, falsification or omission would constitute grounds for rejection of my application or immediate dismissal from employment.

I understand that if my materials have been submitted via electronic format (email, fax, on-line, etc.), I will be required to provide an original signature at the time of an offer of employment. I further understand that by submission of any electronic materials I agree to the terms and conditions outlined in this document, and that the electronic submission is as valid as providing an original signature, subject to all terms and conditions as set forth in these documents.

In consideration of employment, I agree to abide by the rules, regulations and administrative policies of CBC, and applicable state and federal laws. I understand that no manager, supervisor, representative, or agent of CBC, other than the president of the college or his/her designee, has the authority to enter into any agreement with me for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature	Date
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## APPLICANT NOTIFICATION & DISCLOSURE STATEMENT

Columbia Basin College ("CBC" or the "College") must ask you to complete the following Applicant Notification & Disclosure Statement. Pursuant to Chapter 43.43 RCW, employees and volunteers who provide service to developmentally disabled persons, vulnerable adults and/or children under the age of sixteen (16), must successfully pass a Washington State Patrol ("WSP") criminal history background check. Additionally, pursuant to RCW 43.43.845(3) an inquiry will be made for employees and volunteers in the Washington Courts database for civil adjudications as a condition for consideration of employment. "Civil adjudications proceeding" is a judicial or administrative proceeding that results in a finding of, or upholds an agency finding of, domestic violence, abuse, sexual abuse, neglect or exploitation or financial exploitation of a child or vulnerable adult under Chapters 13.34, 26.44, or 74.34 RCW, or rules adopted under Chapters 18.51 and 74.42 RCW. You may be considered for employment based on the results of the WSP criminal history background check and the Washington Courts database for civil adjudications. **Please answer fully and accurately.**

■ **Notification:** The College will confirm your answers to these questions by:

- (1) Running a WSP check for criminal convictions;
- (2) Searching the Washington Courts database for civil adjudications as listed below; and,
- (3) For licensed personnel, checking the Department of Health credentials database for disciplinary actions.

■ You will be notified of the WSP's response within ten (10) days after the College receives the report. A copy of the report available will be made available to you upon your request.

1. Have you ever been convicted of a crime? [ ] Yes [ ] No

If "yes", please identify the offense(s), provide the date(s) of the convictions(s), the name of the court, (e.g., Benton County Superior Court) and the sentence(s) imposed.

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2. Have you ever had findings made against you for domestic violence, abuse, sexual abuse, neglect, exploitation or financial exploitation of a child or a vulnerable adult in any civil adjudicative proceeding?

Civil adjudicative proceeding includes judicial or administrative proceedings as well as findings by DSHS or the Department of Health that you have not administratively challenged or appealed.

[ ] Yes [ ] No

If "yes" please identify the specific finding(s), which agency or court made the finding(s), the date(s) of the finding(s) and the penalty(ies) imposed.

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I declare under the penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. I understand that if I am hired, I can be discharged for any misrepresentation or omission in the above statement. I also understand that if hired, my employment is conditioned on satisfactory results of the background checks listed above. I have signed this Notification & Disclosure Statement on the date shown below at \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

County

City

State

I have been notified by the Human Resources Office at CBC that Washington State Patrol Criminal /Civil Adjudication History Background Checks will be conducted on me.

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

**Signature:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Other Names Known By:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

# Affirmative Action Data Form

Columbia Basin College ("CBC"), as an equal opportunity employer and educator, is committed to an Affirmative Action program. The completion of this form is optional. However, your decision to complete this form will aid CBC in its efforts to comply with State and Federal Regulations, which requires that colleges and universities collect and maintain data on sex/racial/ethnic identity of all applicants for employment. We would appreciate your assistance by completing this form. (This form will not become a part of your permanent file nor will it be made available to the search committee.)

Applicant Name: (Last, First, & M.I.)

Position you are applying for:

Date

Birth date: Month/Day/Year

Gender: (Circle One)    Male    Female

## RECRUITMENT INFORMATION:

**How did you become aware of this position?** (Check one)

- |   |  |
|---|--|
| <input type="checkbox"/> Columbia Basin College Website | <input type="checkbox"/> Work Source (Employment Security) |
| <input type="checkbox"/> Tri-City Herald                | <input type="checkbox"/> Job Board                         |
| <input type="checkbox"/> Other Newspaper Advertisement  | <input type="checkbox"/> Chronicle of Higher Education     |
| <input type="checkbox"/> Personal Referral              | <input type="checkbox"/> Other (specify): _____            |

## RACE/ETHNICITY:

**Are you Hispanic, Latino, or Spanish?**     No     Yes    (Check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Mexican American (722) | <input type="checkbox"/> Puerto Rican (727)             |
| <input type="checkbox"/> Cuban (709)            | <input type="checkbox"/> Other Hispanic (specify) _____ |

**Which is your race?** (Check all that apply)

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> Black or African American (870)                      | <input type="checkbox"/> Aleut (914)                   | <input type="checkbox"/> Eskimo (935)     | <input type="checkbox"/> Chinese (605)         |
| <input type="checkbox"/> Asian or Pacific Islander (681)                      | <input type="checkbox"/> Asian Indian (600)            | <input type="checkbox"/> Cambodian (604)  | <input type="checkbox"/> Korean (612)          |
| <input type="checkbox"/> Filipino (608)                                       | <input type="checkbox"/> Guamanian (660)               | <input type="checkbox"/> Japanese (611)   | <input type="checkbox"/> Caucasian/White (800) |
| <input type="checkbox"/> Laotian (613)  | <input type="checkbox"/> Samoan (655)                  | <input type="checkbox"/> Vietnamese (619) |  |
| <input type="checkbox"/> Other Race (specify) _____                           | <input type="checkbox"/> Other Culture (specify) _____ |   |  |
| <input type="checkbox"/> American Indian or Alaska Native (597) Nation: _____ |  |   |  |

**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 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 recognition.

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

## PHYSICAL, SENSORY, OR MENTAL IMPAIRMENT: (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Ambulatory (Code 1)           | <input type="checkbox"/> Visual (Code 2)        | <input type="checkbox"/> Hearing (Code 3)        |
| <input type="checkbox"/> Mental/Psychological (Code 4) | <input type="checkbox"/> Other/Unknown (Code 9) | <input type="checkbox"/> No Disability (Code BL) |

## MILITARY/VETERAN STATUS: (Check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Disabled Veteran (DV)                        | <input type="checkbox"/> Vietnam Era Veteran (VV)       | <input type="checkbox"/> Campaign Veteran (CV) |
| <input type="checkbox"/> Disabled Veteran-Other than Vietnam Era (DO) | <input type="checkbox"/> Disabled Campaign Veteran (DC) |  |
| <input type="checkbox"/> Other/Unknown (NI)                           | <input type="checkbox"/> No Disability (Code BL)        |  |

## EDUCATION LEVEL: (Check one)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> No Academic Credentials (1) | <input type="checkbox"/> Grade School (2)         | <input type="checkbox"/> Some High School (3) | <input type="checkbox"/> High School Diploma/GED (4) |
| <input type="checkbox"/> Trade Certification (5)     | <input type="checkbox"/> Some College (6)         | <input type="checkbox"/> Associate Degree (7) | <input type="checkbox"/> Bachelor's Degree (8)       |
| <input type="checkbox"/> Master's Degree (9)         | <input type="checkbox"/> Professional Degree (10) | <input type="checkbox"/> Other Doctorate (11) | <input type="checkbox"/> Ph.D. (12)                  |



## RETIREMENT STATUS

### Employee Information – To be completed by the employee\*

Employee Name (please print)	Social Security Number
<p>Retired means receiving a lifetime, defined benefit. Members who are only separated or who are only receiving Plan 3 defined contributions do not meet the retiree definition.</p> <p>1. Are you retired from one of the Washington State Retirement Systems? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>2. Are you retired from or have you ever been a member of the Seattle, Spokane or Tacoma Employees' Retirement System? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="margin-left: 20px;">If yes, which one? _____</p> <p>3. Are you currently employed by another public employer and contributing to a Washington State Retirement System? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>	
Employee Signature	Date

### Retirement Status Verification – To be completed by the employer

**Question 1:** If the employee answered "yes," and is:

- **Returning to Active Service:** The retiree's benefit may be impacted. Don't report until you contact Employer Support Services (ESS).
- **A Retiree Returning to Work (RRTW):** Verify that the employee is a retiree; then report as a RRTW.

**Question 2:** If the employee answered "yes," contact ESS.

**Question 3:** If the employee answered "yes," contact ESS if you need assistance determining the correct system and plan.

**If the employee answered "no" to all three questions,** use Member Reporting Verification (MRV) to verify the employee's past retirement history. Record any prior membership below, then report the employee in the correct system and plan.

<b>Document prior retirement membership using MRV:</b>	
Has the employee ever been a member of a Washington State Retirement System?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what system and plan?	
Teachers' Retirement System (TRS)	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3
School Employees' Retirement System (SERS)	<input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3
Public Employees' Retirement System (PERS)	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2 <input type="checkbox"/> Plan 3
Public Safety Employees' Retirement System (PSERS)	<input type="checkbox"/> Plan 2
Law Enforcement Officers' and Fire Fighters' Retirement System (LEOFF)	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2
Washington State Patrol Retirement System (WSPRS)	<input type="checkbox"/> Plan 1 <input type="checkbox"/> Plan 2
Judicial Retirement System (JRS)	<input type="checkbox"/>
Is the employee a retiree of a Washington State Retirement System?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I have verified the information above using MRV or by contacting a DRS representative.

Employer Signature	Date
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\*RCW 41.50.139 Requires employers to solicit in writing the retiree status of all new employees.

### Employer Retains Form