



Gillette Community College District Employment Application

300 W. Sinclair, Gillette, WY 82718

Volunteer Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Position Applied for: _____

If hired, you will be required to furnish proof of your eligibility to work in the U.S. Yes No

Do you currently have a valid Driver's License? Yes No

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony?
A conviction will not necessarily disqualify an applicant for employment. YES NO If yes, explain: _____

Education

High School: _____ Address: _____

Please check the last year of school completed: 9 10 11 12 Diploma: YES NO

College: _____ Address: _____

Please check the last year of school completed: 1 2 3 4 Degree/Major: _____

Other: _____ Address: _____

Please check the last year of school completed: 1 2 3 4 Degree/Major: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address/Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address/Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address/Email: _____

Previous Employment:

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Additional Information

Can you perform the essential functions of the position for which you are applying? Yes No
*GCCCD complies with the Americans with Disabilities Act.

If you have any professional licenses or permits (including a driver’s license) which relate to the position(s) for which you are applying, please list them here.

Please describe any skills, awards, accomplishments, achievements, etc. that you believe are relevant to the position(s) for which you are applying.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize whether listed or not, any person, school, current employer, past employers, and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

Signature: _____ Date: _____

The Gillette Community College District (GCCCD) is an Equal Employment Opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age, genetic information, or protected status protected by law and GCCCD policies.

Equal Opportunity and Affirmative Action Employer

This application can be submitted in section 2 of the Preliminary Application Form.

Applicants for Faculty, Administrative, and Executive Positions: Please submit this application along with current resume/CV and transcripts. (Unofficial copies of transcripts are accepted.) Documents can be submitted in section 2 of Preliminary Application Form.

Questions? Contact HRteam@gillettecollege.org.