

# NORTHWEST TECH

## NORTHWEST KANSAS TECHNICAL COLLEGE

1209 HARRISON, P.O. BOX 668  
GOODLAND, KS 67735  
785-890-3641

### APPLICATION FOR EMPLOYMENT

**NOTICE OF NONDISCRIMINATION:** NWKTC does not discriminate on the basis of race, color, national origin, religion, age, disability, or sex. Accusations concerning sexual discrimination, sexual harassment and age discrimination should be referred to the **TITLE IX COORDINATOR/AGE ACT COORDINATOR**, Dean of Students at (785) 890-3641. Accusations based on disability or race, color, or national origin should be referred to **SECTION 504 COORDINATOR/ADA COORDINATOR/TITLE VI COORDINATOR**, Vice President for Academic & Student Affairs, located at 1209 Harrison (785)890-3641.

#### PERSONAL INFORMATION

 Date \_\_\_\_\_

Name \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Street City State Zip

Referred By \_\_\_\_\_ Are you 18 years of age or older  yes  no

#### EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date you can start \_\_\_\_\_

Are you employed now?  Yes  No If so, may we inquire of your present employer?  Yes  No

#### EDUCATION

	Name & Location Of School	Years Attended	Did You Graduate	Subjects Studied and Degree(s) Received
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Technical, Business or Correspondence School			<input type="checkbox"/> Yes <input type="checkbox"/> No	

#### GENERAL

Subjects of Special Study or Research Work \_\_\_\_\_

Job Related Skills (typing, driver's license, etc.) \_\_\_\_\_

**PLEASE CONTINUE TO OTHER SIDE**

**FORMER EMPLOYERS**

List below your last three employers, starting with the last one first.

Date Month/Year	Name and Address of Employer	Salary (upon leaving)	Position	Reason for leaving
From To				
From To				
From To				

**REFERENCES**

List below three persons not related to you, whom you have known at least one year.

Name	Address	Phone Home/Work	Position	Years Acquainted
1.				
2.				
3.				

**AUTHORIZATION**

Yes  No I authorize NWKTC to conduct a background check.

I authorize investigation on all statements contained in this application. I understand that misrepresentation of information requested is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without cause and without any previous notice.

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

In Case of Emergency Notify \_\_\_\_\_  
 Name (\_\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY**

Interviewed By \_\_\_\_\_ Date \_\_\_\_\_

**REMARKS:** \_\_\_\_\_

INS Form I-9 Completed?  Yes  No

Hired \_\_\_\_\_ For Dept. \_\_\_\_\_ Position \_\_\_\_\_ Will Report \_\_\_\_\_ Salary/Wages \_\_\_\_\_