



3575 College Road • Harrisburg, Illinois 62946

Telephone: 618-252-5400

Welcome to Southeastern Illinois College's Staff Application Link

Please review and follow the directions as outlined below for applicants who wish to apply for a position. The staff application **cannot** be completed on-line. You must print these documents and then type or print clearly with a ballpoint pen when completing.

All applicants are required to submit a Southeastern Illinois College (SIC) application, resume, cover letter, and a photocopy of all academic transcript(s) when applying for a position. Unofficial transcript(s) or certificate(s) are acceptable for applicant's qualifying on the basis of college or vocational training to meet the minimum qualifications.

Note: *Official transcript(s) or certificate(s) and verification of experience are required prior to the appointment to a position.*

Submission of Application Materials

Submit the following application materials.

1. Completed SIC application;
2. Cover Letter;
3. Resume, should include names, addresses and telephone numbers of three (3) professional references;
4. Copies of academic transcript(s) or certificate(s); and
5. Copies of other credentials you would like considered.

Mail documents to:

Human Resources Office
Southeastern Illinois
College 3575 College Road
Harrisburg, IL 62946

For further information contact Sky Fowler, Director of Human Resources, at 618-252-5400 x 2482, or sky.fowler@sic.edu.

Southeastern Illinois College enhances lifelong learning by providing quality accessible educational programs, cultural enrichment opportunities, and support for economic development

Staff Application

Please print or type the following information: Date _____

Name
Last _____ First _____ Middle Initial _____

Address
Street/P.O. Box _____

City _____ State _____ Zip Code _____

Email address: _____

Home Telephone _____

Business/Other Telephone _____

- 1. Are you a SURS annuitant? Yes No
If Yes, please list all SURS-covered employers:

- 2. Do you have a relative that works at Southeastern Illinois College? Yes No
If Yes, please indicate relationship. _____

- 3. If employed, will you be legally employable on the date employment is scheduled to begin?
(Employment Eligibility will be verified in accordance with the Immigration Reform and Control Act.) Yes No

- 4. If hired, can you supply the required documentation to verify your lawful right to work in the United States? Yes No

5. When will you be available to work? _____

- 6. Do you have a valid driver's license? Yes No

- 7. Do you have dependable transportation? Yes No

8. Position you are applying for (be specific). _____

9. Please indicate how you learned of Southeastern Illinois College as a source of employment.

- Employee Bulletin
- Student Agency
- Newspaper Other (please specify) _____

Education

Circle Highest Grade Completed	Elementary 1 2 3 4 5 6 7 8	High School 9 10 11 12	Voc/Trade School 1 2	College 1 2 3 4 5 6
High School Name	Course or Major Subject	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address				
College or Vocational (Trade) Name	Course or Major Subject	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address				
College or Vocational (Trade) Name	Course or Major Subject	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address				

Military Service

Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates of service (From/To)	Branch of Service
What special skills did you acquire in the service that is applicable to the position for which you are applying?		

Employment

Begin with the most recent employment and list all jobs in reverse order. If additional space is needed, please attach a separate sheet.

Employer (Name and Address)	Employed from _____ to _____ (mo/yr) (mo/yr)	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time hours worked/wk ()
	Duties & Responsibilities	Your Title
Telephone: ()	Reason for Leaving:	
Supervisor:		
Employer (Name and Address)	Employed from _____ to _____ (mo/yr) (mo/yr)	<input type="checkbox"/> Part-time <input type="checkbox"/> Full-time hours worked/wk ()
	Duties & Responsibilities	Your Title
Telephone: ()	Reason for Leaving:	
Supervisor:		

Employer (Name and Address)	Employed from _____ to _____ (mo/yr) (mo/yr)	____ Part-time ____ Full-time hours worked/wk ()
	Duties & Responsibilities	Your Title
Telephone: ()	Reason for Leaving:	
Supervisor:		
Employer (Name and Address)	Employed from _____ to _____ (mo/yr) (mo/yr)	____ Part-time ____ Full-time hours worked/wk ()
	Duties & Responsibilities	Your Title
Telephone: ()	Reason for Leaving:	
Supervisor:		
Employer (Name and Address)	Employed from _____ to _____ (mo/yr) (mo/yr)	____ Part-time ____ Full-time hours worked/wk ()
	Duties & Responsibilities	Your Title
Telephone: ()	Reason for Leaving:	
Supervisor:		

Have you ever been employed under a different name? Yes No
 If yes, other name _____

Have you ever been suspended or discharged from any position? Yes No
 If yes, give reason for suspension or discharge. _____

Professional Certificates/Licenses

Professional Certificates or Licenses (such as Certified Public Accounting)	Certificate or Degree & Field	Dates

Skills

What skills, machines, and office programs can you operate efficiently?
(Check all that apply.)

- | | | |
|--------------------------------------------|------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Typing _____ WPM | <input type="checkbox"/> Data Entry _____ KSPH | <input type="checkbox"/> Dictation |
| <input type="checkbox"/> Personal Computer | <input type="checkbox"/> Fax Machine | <input type="checkbox"/> Copier |
| <input type="checkbox"/> Printer | <input type="checkbox"/> Calculator | |

Microsoft products or certification(s) held or have experience in.
(Check all that apply.)

- | | | | | | |
|-----------------------------------|----------------------------------------|-----------------------------------|----------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Word® | <input type="checkbox"/> Excel® | <input type="checkbox"/> Outlook® | <input type="checkbox"/> Access® | <input type="checkbox"/> PowerPoint® | <input type="checkbox"/> Publisher® |
| <input type="checkbox"/> Project® | <input type="checkbox"/> MS Certified® | | | | |

Other certification(s) held or have experience in (please specify). _____

References

References may be personal or business references. Please do not use relatives or employers listed on preceding page.

Name & Address of Reference	Profession, Business, or Occupation of Reference
Telephone: ()	
Name & Address of Reference	Profession, Business, or Occupation of Reference
Telephone: ()	
Name & Address of Reference	Profession, Business, or Occupation of Reference
Telephone: ()	

Do we have your permission to contact employers and references? Yes No

Place an "X" before those employers and/or references that you do not wish to be contacted without your permission.

Public Law 91-508 requires that we advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, and personal characteristics.

Authorization to Conduct Background Check

I hereby consent to having the College contact anyone that it deems appropriate to investigate or verify any information I have given, or to discuss my background, past performance, or suitability for employment. The College will not inquire into your financial status, religious affiliation, marital status, or other matters unrelated to your qualifications to fill the position for which you applied. This information will not be shared with anyone other than those individuals that are involved in the selection process. Unless you are willing to authorize the College to make these inquires, your application will not be considered.

As a part of its investigation of an applicant’s background and suitability for employment with Southeastern Illinois College, the College will conduct a background check of certain applicants. This background check may include, but is not limited to, a check of the following: employment history, references, and internet/website. Any information gathered as a result of these checks will be used only for employment purposes and shall not be used in a discriminatory manner.

Immigration Reform: The Immigration Reform and Control Act of 1986 requires all employers to verify the identity and employment authorization of all new employees. If you are hired, it will be necessary for you to furnish this documentation. If any doubt exists regarding your eligibility for employment, you will be asked to show your visa and/or work permit.

I understand that any false answer or statements made by me on this application, or any supplement thereto may be grounds for immediate discharge.

AUTHORIZATION FOR BACKGROUND CHECK

I, _____, have read the above statements and agree to the College’s right to conduct a criminal background check.

Signature

_____, 20____
Date

Educational Loan Certification

All applicants must complete the following section as required by Illinois State Law (Public Act 85-827). Information obtained will not be used as a factor in considering your application for employment.

Please check one of the following:

- I certify that I am not in default on an educational loan guaranteed by the Illinois Student Assistance Commission under the Higher Education Student Assistance Law, any education loan made by an institution of higher education from the proceeds of loan to the institution by the Illinois Independent Higher Education Loan Authority under the Illinois Independent Higher Education Loan Authority Act, or any other loan from public funds for the purpose of financing an individual's attendance at an institution of higher education, in the amount of \$600 or more.

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If I am employed by the College, I agree as a condition of employment, to make arrangements for repayment of this loan with the maker or guarantor within six months from the date of employment. I understand that failure to do so will result in termination of employment.

Consent

Immigration Reform: The Immigration Reform and Control Act of 1986 requires all employers to verify the identity and employment authorization of all new employees. If you are hired, it will be necessary for you to furnish this documentation. If any doubt exists regarding your eligibility for employment, you will be asked to show your visa and/or work permit.

I understand that any false answer or statements made by me on this application, or any supplement thereto may be grounds for immediate discharge.

Signature of Applicant _____ Date _____