



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:

Personnel Office  
Southeastern Illinois College  
3575 College Road  
Harrisburg, IL 62946

For further information contact Barbara Potter, Human Resources Administrator, at 618-252-4411, or [barb.potter@sic.edu](mailto:barb.potter@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
- Student
- Newspaper
- Bulletin
- Agency
- Other (please specify) \_\_\_\_\_

### Education

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

### Military Service

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

|                                |   |   |
|--------------------------------|---|---|
| Employer<br>(Name and Address) | Employed from _____ to _____<br>(mo/yr) (mo/yr) | ____ Part-time<br>____ Full-time<br>hours worked/wk ( ) |
|                                | Duties & Responsibilities                       | Your Title  |
| Telephone: ( )                 | Reason for Leaving:                             |   |
| Supervisor:                    |   |   |
| Employer<br>(Name and Address) | Employed from _____ to _____<br>(mo/yr) (mo/yr) | ____ Part-time<br>____ Full-time<br>hours worked/wk ( ) |
|                                | Duties & Responsibilities                       | Your Title  |
| Telephone: ( )                 | Reason for Leaving:                             |   |
| Supervisor:                    |   |   |
| Employer<br>(Name and Address) | Employed from _____ to _____<br>(mo/yr) (mo/yr) | ____ Part-time<br>____ Full-time<br>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<br>(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:<br>(    )        |  |
| Name & Address of Reference | Profession, Business, or Occupation of Reference |
|                             |  |
| Telephone:<br>(    )        |  |
| Name & Address of Reference | Profession, Business, or Occupation of Reference |
|                             |  |
| Telephone:<br>(    )        |  |

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.
  
- I certify that I am 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.

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 \_\_\_\_\_