

Application for Employment



Washtenaw Technical Middle College
Technical and Industrial Building, Room 214
4800 East Huron River Drive, P.O. Box D-1
Ann Arbor, MI 48106
734-973-3410 • Fax: 734-973-3464

Date: _____

Position you are applying for: _____

Personal Information

Name: _____
Last First Middle Initial

Address: _____
No. Street Apt. No. City State Zip Code

Home Phone (____) _____ - _____ Work Phone: (____) _____ - _____ Cell Phone (____) _____ - _____

Email Address: _____

Are you legally authorized to work in the United States? Yes No (*Proof of citizenship and immigration status will be required upon employment*)

Applying for: Full-time Part-time Either Availability: Days Evenings Nights Any

Which days of the week are you able to work? _____ Date Available: _____

Referral Source: _____ Are you a current/former employee of WTMC? Yes No

Academic and Professional Preparation

High School/GED/ or Equivalent

Are you a high school graduate? Yes No GED Name of School: _____

City _____ State _____

Vocational/Technical Training (Business, Industrial, Military, etc.)

School: _____ Description of Training: _____

City: _____ State: _____ Certificate/Degree received? Yes No

School: _____ Description of Training: _____

City: _____ State: _____ Certificate/Degree received? Yes No

Undergraduate/Graduate Schools

College: _____ Degree Received? Yes No
City: _____ State: _____ Degree: _____ Major: _____

College: _____ Degree Received? Yes No
City: _____ State: _____ Degree: _____ Major: _____

College: _____ Degree Received? Yes No
City: _____ State: _____ Degree: _____ Major: _____

Employment History *Beginning with most recent employer. Attach extra page if necessary. Please include a resume for further information. This section must be completed. "See Resume" will NOT be accepted.*

Employer's Name: _____ Position: _____ FT PT

Complete Address: _____ City: _____ State: _____ Zip: _____

Employment Dates: From: ____/____/____ To: ____/____/____ Hours/Wk: ____ Salary/Pay-rate: _____

Job Duties _____

Supervisor's Name: _____ Supervisor's Phone Number: (____) ____ - _____

Reason for Leaving: _____ Subjects taught (*If teaching position*): _____

May we contact this employer? Yes No

Employer's Name: _____ Position: _____ FT PT

Complete Address: _____ City: _____ State: _____ Zip: _____

Employment Dates: From: ____/____/____ To: ____/____/____ Hours/Wk: ____ Salary/Pay-rate: _____

Job Duties _____

Supervisor's Name: _____ Supervisor's Phone Number: (____) ____ - _____

Reason for Leaving: _____ Subjects taught (*If teaching position*): _____

May we contact this employer? Yes No

Employer's Name: _____ Position: _____ FT PT

Complete Address: _____ City: _____ State: _____ Zip: _____

Employment Dates: From: ____/____/____ To: ____/____/____ Hours/Wk: ____ Salary/Pay-rate: _____

Job Duties _____

Supervisor's Name: _____ Supervisor's Phone Number: (____) ____ - _____

Reason for Leaving: _____ Subjects taught (*If teaching position*): _____

May we contact this employer? Yes No

Employer's Name: _____ Position: _____ FT PT

Complete Address: _____ City: _____ State: _____ Zip: _____

Employment Dates: From: ____/____/____ To: ____/____/____ Hours/Wk: ____ Salary/Pay-rate: _____

Job Duties _____

Supervisor's Name: _____ Supervisor's Phone Number: (____) ____ - _____

Reason for Leaving: _____ Subjects taught (*If teaching position*): _____

May we contact this employer? Yes No

Professional References *(Do Not List Relatives)*

Name	Occupation	Years Associated	Telephone Number

Do you currently have any relatives employed at WTMC? Yes No *(If yes, list names below)*

Name: _____ Position: _____

Name: _____ Position: _____

The position for which you are applying may require a security clearance. The fact you admit a conviction record does not necessarily mean that your application will be rejected nor that you will be barred from employment. However, if a false answer is found at any time after you are on the job, you will be dismissed. Have you ever been convicted of a felony? Yes No *(If yes, describe)*

Are there any felony charges pending? Yes No *(If yes, describe)*

You must print then sign and date this form before submitting it to WTMC.

Please read before signing

Authorization and Understanding

I understand that the employer will thoroughly investigate my work and educational history and verify all data given on this application, on related papers, and in interviews. I authorize all organizations and institutions, except those noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

In the event of my employment to a position at WTMC, I will comply with all rules and regulations as set forth in the WTMC Policy and Procedures Manual or other communications distributed to employees. I understand that my employment with WTMC is at-will, and that my employment may be terminated at any time, with or without cause. I further understand that throughout my employment, a health evaluation may be required (which may include a physical examination by a doctor selected by the high school) and/or drug and alcohol screening to which I hereby assent.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and I have withheld nothing that would, if disclosed, affect this application unfavorably. I hereby acknowledge that I have read the above statements, and understand the same.

Applicant Signature : _____ Date: _____

Failure to provide credentials may affect consideration of the application.

**WTMC/WCC is a smoke-free campus.
Please continue to fill out the last page of the application.**

AFFIRMATION OF HIGHLY QUALIFIED TEACHER STATUS

Full Name

Core academic area

Certification Area

NOTE: All teachers must hold at least a bachelor's degree and full state certification.

Check the ***one option*** you completed to demonstrate you are a highly qualified teacher in the above stated core academic content area.

- Passed the appropriate MTTC subject content area examination
- Have an earned academic major in the content area.
- Have an earned master's degree in the content area or related area.
- Have coursework equivalent (at least 30 semester hours) of a major in the content area
- Have National Board Certification at an appropriate developmental level for your assignment.

Signature of teacher

Date