

EQUAL EMPLOYMENT OPPORTUNITY: Luna Community College (LCC) is an equal employment opportunity / affirmative action employer. All applicants will receive consideration for employment regardless of race, color, religion, gender, age, marital status, national origin, citizenship status, disability, or veteran status.

ESSENTIAL INFORMATION: All portions of this application that are applicable to you **must be completed**. Please do not indicate, "refer to resume". A completed application package includes the following: **1) Completed** Application Form (*Applicants Are Required to Provide Official Documentation Confirming Education*) **2)** Letter of Interest and **3)** Current Resume.

PERSONAL INFO	RMATION			
Last Name	First Name		Middle Initial	Social Security Number
Current Address:	Street	City	State	Zip Code
Phone Number:			A	Alternate Phone Number
Position Applying Fo	r			_
Are you seeking:	Full Time Employmer	nt Pa	art Time Employment	Temporary Employment
Are you currently em	ployed: Yes	No	o Date you are ava	ailable to Start:
	es working for Luna Comm		. .	at capacityYesNo at capacityYesNo
	f age or older?Yes			in the IJC 2
	ne essential functions of the	_		in the U.S.? Yes No ut reasonable accommodations?
6. Have you ever work	ked for LCC? If so, provide	e dates of em	ployment and position.	Yes No
7. Do you have a vali (State any restriction	d New Mexico Driver's Lic	eense?	YesNo	



EDUCATION: Do you have a label List all schools attended beyon				No	
Name & location of school			Major	Degree	
Name & location of school Name & location of school			Major	Degree	
			Major	Degree	
List any courses, vocational	trainir	ng, licenses, certificates, o	r other qualificatio	ns which bear on your suitability for this position:	
		COMPLETE ONLY	Y IF APPLICA	BLE TO POSITION	
Typing: Yes No WPM 10-key: Yes No Personal Computer Yes No List Specific Software Programs:			g: Yes No Yes No see Equipment and/or Software Programs which stability for this position:		
employment gaps of six mont			gn an attached writ		
Employer			Employer's Address & Telephone Number:		
Type Of Business:			Your Job Title		
From (Month/Year)	T	o (Month/Year):	Name of Supervi	sor	
Beginning Salary Ending S	Salary	Full-Time Part-Time	Reason For Leavi	ing:	
Briefly describe your job duties as they relate to the position you are applying for:					
Employer		Employer's Address & Telephone Number:			
Type Of Business:			Your Job Title		
From (Month/Year)		To (Month/Year):	Name of Supervi	sor	
Beginning Salary Ending S	Salary	Full-Time Part-Time	Reason For Leav	ing:	
Briefly describe your job du	ties as	they relate to the position	you are applying	for:	



Employer		Employer's Address & Telephone	Number:		
Type Of Business:		Your Job Title			
From (Month/Year)	To (Month/Year):	Name of Supervisor			
Beginning Salary Ending Salary	Full-Time Part-Time	Reason For Leaving:			
Briefly describe your job duties as	they relate to the position	1 you are applying for:			
Employer		Employer's Address & Telephone Number:			
Type Of Business:		Your Job Title			
From (Month/Year)	To (Month/Year):	Name of Supervisor	Name of Supervisor		
Beginning Salary Ending Salary	Full-Time Part-Time	Reason For Leaving:			
Briefly describe your job duties as	they relate to the position	you are applying for:			
Name and Title Name and Title	Address		Work Phone Work Phone	_	
2. Name and Title	Address	3	WORKTHONE	_	
3. Name and Title				_	
	Address	S	Work Phone	_	
	and telephone number of	two persons who are not related	to you, who can attest to yo	– ur	
Please provide the name, address, a character and have knowledge of your land of the land	and telephone number of	two persons who are not related lity for the position you are applyin	to you, who can attest to yo	_ ur _	
character and have knowledge of your land of the land	and telephone number of our experience and suitabil	E two persons who are not related lity for the position you are applying	to you, who can attest to yo	_ ur _	
1. Name 2. Name It is important that you read the sec	and telephone number of our experience and suitabile Address	E two persons who are not related lity for the position you are applying s	to you, who can attest to you g for: Work Phone Work Phone	_	
Name Name It is important that you read the sec application form. I acknowledge that I have be	Address tion below carefully and to been advised that LCC regardless of race, colo	s two persons who are not related lity for the position you are applying s an Equal Opportunity Employer, religion, gender, age, marital	to you, who can attest to you get for: Work Phone Work Phone ign and initial this employment yer and does not	 nt	
1. Name 2. Name It is important that you read the secapplication form. 1. I acknowledge that I have be discriminate against persons rorigin, citizenship status, disa	Address tion below carefully and to been advised that LCC regardless of race, colobility, or veteran status.	s two persons who are not related lity for the position you are applying s an Equal Opportunity Employer, religion, gender, age, marital	to you, who can attest to you g for: Work Phone Work Phone ign and initial this employment yer and does not a status, national	 nt	



3.	I officially state that answers provided in this application and in any other form, oral or written, are true and complete to the best of my knowledge. I understand that any misstated, misleading, incomplete, or false information is grounds for rejection and destruction of this application, refusal to hire, withdrawal of an offer of employment or immediate discharge without recourse, whenever and however discovered.	 Initial
4.	I understand that nothing in the application is intended to imply or create an employment relationship or contract for employment.	Initial
5.	I understand and agree that in the event I am hired, that in accordance with Federal law individuals must provide to an employer, documented proof that they are authorized to work in the United States. This proof must be provided and verified by the LCC at the time of hire or no later than three business days after the date of hire.	 Initial
6.	I authorize Luna Community College to investigate all statements made in my application for employment, and to discuss the results with those responsible for making the hiring decision. I also authorize LCC to contact my former employers, and any listed references or other persons who can verity information. Further, I release from liability and hold harmless such employer(s) and individuals and Luna Community College from any harm arising from such reference checks.	Initial
7.	I have applied for employment with Luna Community College and <u>might</u> be extended a conditional offer of employment. I understand that as a condition of my being considered for employment, I agree to undergo a <u>Pre-Employment Drug and Alcohol Screening</u> . I understand that if my test results are positive, I shall not be considered further by Luna Community College.	Initial

Note: Application materials *cannot* be returned and LCC cannot make copies. Please keep a copy of all materials submitted. A separate application (**or copy of an application**) is required for each position for which you want to be considered.

I have read and understand the terms and conditions of this employment application.

Applicant Name (Printed)	
Applicant Signature	Date

Thank You For Considering Luna Community College!

Send Application, Letter Of Interest, Current Resume, And Official Documentation Confirming Education To: Luna Community College Human Resources Department 366 Luna Drive, Las Vegas, New Mexico 87701

Employment Applications May Be Obtained By Calling (505) 454-2503