



EMPLOYMENT APPLICATION

Human Resources 1000 W. Campus Dr., Wausau, WI 54401
(715) 675-3331, ext. 5120 or 1-888-NTC-7144, ext. 5120

Fax: (715) 675-3523 Web site: www.ntc.edu Email: hral@ntc.edu

Applicants are considered for all positions without regard to sex, race, color, religion, creed, gender, national or ethnic origin, sexual orientation, age, marital or veteran status, disability, or other classifications protected by law.

(PLEASE PRINT) Indicating "See Resume" on application does not constitute a completed application. Any education used to meet the requirements of the position posted must be verified by a transcript, diploma, and/or certification. Photocopies of transcripts are accepted during the application process; official transcripts are required upon successful hire.

Date of application _____

Position Applying For: _____ Full Time Part Time
(Application forms will only be accepted for positions currently available)

Referral Source: Advertisement (Specify where) _____ Employee
 Other (Specify) _____ Friend

Full Name _____ Former Name _____
Last First Middle

Address _____
Number Street

City State Zip Code County

Email Address _____

Telephone (Home) () - _____ Telephone (Cell) () - _____

Have you been employed here before? Yes No

If yes, give date and position _____

Have you ever been convicted of a crime or do you currently have criminal charges pending? Yes No

If yes, please provide additional detail: (NOTE: Convictions and/or pending charges will not necessarily disqualify applicant from employment. Circumstances of the offense will be considered as they relate to the position.)

Do you have any limitations which would preclude or hinder you in performing the essential functions/duties of the job for which you are applying? Yes No If yes, please describe: _____

Do you have any relatives (including domestic partner, cohabitant or significant other) who work for NTC? Yes No If yes, please provide their name and relationship. _____

Are you legally authorized to work in the United States? Yes No
(Proof of employment eligibility will be required upon employment)

Will you now or in the future require sponsorship for employment visa status? (e.g., H-1B Visa Status) Yes No

Education

	College/University	Graduate/Professional	Additional/Other
Institution Name			
Location			
Diploma/ Degree			
Major			
Minor			
Dates Attended			
Date Graduated			
# of credits			

Honors Received: _____

Indicate languages you speak, read, and /or write:

1.		2.		3.	
Speak	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Speak	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Speak	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
Read	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Read	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Read	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair
Write	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Write	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair	Write	<input type="checkbox"/> Fluent <input type="checkbox"/> Good <input type="checkbox"/> Fair

Indicate your computer software experience: _____

Give three professional references who are not related to you.

Name	Title	Business	Telephone
			() -
			() -
			() -

Are you employed currently? Yes No

Employment Experience

Starting with your present or most recent employer, please list your work experience, including any U.S. or other military experience. Including all employment whether full-time, part-time, summer, or temporary. Attach a separate sheet, if necessary. This section must be fully completed. Listing "See Resume" or other similar language is NOT acceptable and may eliminate your application from further consideration.

Institution/ Employer:		Description of your position responsibilities:
Address (Street, City, State):		
Position Title:		
Supervisor's name:		
Reason for leaving:		
# hours/ week:		
Salary:		
Dates Employed:	From: (m/yr) To: (m/yr)	
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No		

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May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Salary:		
Dates Employed:	From: (m/yr) To: (m/yr)	
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No		

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Address (Street, City, State):			
Position Title:			
Supervisor's name:			
Reason for leaving:			
# hours/ week:			
Salary:			
Dates Employed:	From: (m/yr)	To: (m/yr)	
May we contact this employer:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

List any Significant or Occupational License(s) you have and attach verification:

I am interested in being considered for adjunct teaching positions at these campuses:		
<input type="checkbox"/> Wausau	<input type="checkbox"/> Antigo	<input type="checkbox"/> Medford
<input type="checkbox"/> Wittenberg	<input type="checkbox"/> Phillips	<input type="checkbox"/> Spencer
I am available:		
<input type="checkbox"/> Days (Before 5:00 p.m.)	<input type="checkbox"/> Evenings (5:00 p.m. – 10:00 p.m.)	<input type="checkbox"/> Weekends (Friday evening – Sunday)

APPLICANT'S STATEMENT

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize any and all current and former employers and institutions of learning to release my personnel records and/or transcripts to NTC or its agents in connection with this application, and release and hold harmless such organizations from any claims on my part in connection with such release or response. I understand that this application is not, nor intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may disqualify me from consideration for hire or may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the College. As a public employer, this application and other employment materials you provide may be considered public records open to inspection under Wisconsin's public records law. By signing below, I authorize the procurement of my motor vehicle records to evaluate my insurability for purposes of driving an NTC owned vehicle. NTC complies with its obligations under the Drivers privacy Protection Act (The DPPA).

I authorize the release of reference information _____
(Initials)

Signature of Applicant

Date

Name (please print): _____

As a recipient of federal funds, Northcentral Technical College is required to conduct business as an Equal Opportunity and Affirmative Action employer. This means that NTC must not only ensure that protected groups do not suffer discrimination, NTC must further guarantee positive actions to hire and promote members of those groups. Completion of this form is voluntary and will not affect your application status.

NAME: _____

POSITION APPLIED FOR: _____

We appreciate your cooperation in assisting us with our periodic reporting. Please check the appropriate boxes.

GENDER: Male Female

RACE: Alaskan Native Asian/Pacific Islander African American/Black
 Caucasian/White Latino/a Native American

DISABLED VETERAN:

VIETNAM ERA VETERAN:

ARE YOU A PERSON WITH A DISABILITY: YES NO

Defined by Section 504 of the Rehabilitation Act of 1973, a person with a disability is “anyone with a physical or mental disability that substantially limits one or more of such life activities as walking, seeing, hearing, speaking, or learning.”

Northcentral Technical College is an Affirmative Action/Equal Opportunity employer committed to the diversity of faculty, staff and students. We do not discriminate on the basis of veteran status, marital status, race, color, religion, national origin, age, gender, sexual orientation or disability status in its educational programs or in admission to, access to, treatment in, or employment in its programs or activities as required by Title IV, Civil Rights Act 1964; Title IX, Education Amendments Act of 1972; and Section 504, Rehabilitation Act of 1973 and regulations promulgated there under, 34 C.F.R. Part 100 (Title VI), and Part 104 (Section 504).

Notice to Employees Of Rights Under FMLA (WH Publication 1420)
EMPLOYEE RIGHTS AND RESPONSIBILITIES
UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, job-protected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may

For Additional Information:
1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-5627
WWW.WAGEHOUR.DOL.GOV