



NEPOTISM STATEMENT

John A. Logan College has a policy on hiring relatives, so the Office of Human Resources needs to inquire about family working for the College. The “family” list below includes those relationships that the College considers under its nepotism policy.

While the College is committed to hiring the most qualified candidates, and is committed to hiring individuals solely on the basis of their qualifications and suitability for the job, family members of the Board of Trustees (excluding student trustee) or full-time faculty and staff may not be considered for employment at John A. Logan College.

FAMILY - is defined to mean the husband, wife, child, or child’s spouse, parent or parent’s spouse, brother or brother’s spouse, sister or sister’s spouse, domestic partner and individuals in the same household. “Family” also includes an employee or board member’s spouse’s child, parent, brother, or sister.

This policy does NOT apply to part-time employees, including student workers.

Does anyone related to you, as described on the list, work for the College, in any capacity including: full-time, temporary, grant, or under contract? A positive answer does not necessarily eliminate you from consideration.

Yes No

If yes, describe:

Applicant Name: _____

Applicant signature: _____

Date: _____

John A. Logan College is an equal opportunity/affirmative action employer and encourages applications from all qualified candidates.



Please print or type the following information:

Date: _____

Last Name: _____ **First Name:** _____ **Middle Initial:** _____

Address: _____
Street/P.O. Box, City, State, Zip Code

Home Telephone _____ **Business Telephone** _____ **Cell Telephone** _____

E-mail Address: _____ **Social Security No.** _____

Position Desired _____

The position you are applying for is covered by, and subject to, a Union Collective Bargaining Agreement.

1. If employed, will you be legally employable on the date employment is scheduled to begin? Yes No
(Employment eligibility will be verified in accordance with the Immigration Reform and Control Act)
2. If you are hired, can you supply the required documentation to verify your lawful right to work in the United States? Yes No

(Attach separate sheet if necessary.)

Education

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

Military Service

Are you a Veteran? Yes No **Dates of Service (From / To)** _____ **Branch of Service** _____

What special skills did you acquire in the service that are 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. You **must** provide employment history on this page, even if you are submitting a resume. **PLEASE DO NOT USE "SEE RESUME"**.

EMPLOYER (Name and Address)	EMPLOYMENT DATES		Your Title	# hours worked/wk	Part-Time Full-Time
	From (Mo/Yr)	To (Mo/Yr)			
<i>Duties & Responsibilities:</i>					
<i>Telephone:</i>	<i>Reason for</i>				
<i>Supervisor:</i>	<i>Leaving:</i>				
<i>Duties & Responsibilities:</i>					
<i>Telephone:</i>	<i>Reason for</i>				
<i>Supervisor:</i>	<i>Leaving:</i>				
<i>Duties & Responsibilities:</i>					
<i>Telephone:</i>	<i>Reason for</i>				
<i>Supervisor:</i>	<i>Leaving:</i>				

List all valid occupational licenses you hold, giving number and expiration dates; list machines you operate; show apprenticeships and other types of specialized training, including nature of course, dates, and duration.

Indicate any professional, craft, trade, office, or other skills and abilities you possess (i.e. drafting, typing, shorthand).

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:	
Telephone:	
Telephone:	

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

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 a 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 made 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 a 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 made 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 6 months from the date of employment. I understand that failure to do so will result in termination of employment.

Signature of Applicant _____ Date: _____

Authorization to Work & Investigate

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 inquiries, your application will not be considered.

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

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.

Signature of Applicant _____ Date _____

Verification of Education & Experience

A John A. Logan College application is required for any position. Unofficial transcripts (certificates) are acceptable for applicants qualifying on the basis of college or vocational training to meet minimum qualifications. **Official transcripts (certificates) and verification of experience are required prior to appointment to a position.**

Submission of Application Materials

Submit application materials to Human Resources, Room C116.

John A. Logan College
700 Logan College Road
Carterville, IL 62918

For further information, contact Human Resources, Ext. 8273, at one of the following toll-free numbers:

- Carterville and Williamson County (618) 985-3741 (operator)
(618) 985-2828 (direct extension access)
- Carbondale and Jackson County..... (618) 549-7335 (operator)
(618) 457-7676 (direct extension access)
- Du Quoin..... (618) 542-8612
- West Frankfort..... (618) 937-3438
- Crab Orchard, Gorham, & Trico areas 1-800-851-4720

The John A. Logan College home page is accessible at <http://www.jalc.edu>.

John A. Logan College does not discriminate on the basis of race, religion, color, national origin, disability, age, sexual orientation, or gender orientation.

AUTHORIZATION TO DO CRIMINAL BACKGROUND CHECK

In connection with your application, you hereby authorize John A. Logan College to obtain and furnish reports from various agencies regarding your criminal history to John A. Logan College for employment purposes.

The amended Fair Credit Reporting Act (1997) requires that we inform you that a background check may be conducted as part of our employment screening process. The main objective of the background check is to verify information you provided on your application/resume or during the interview process. In the event that any report from an outside agency is utilized in making an adverse decision regarding your potential employment, JALC will provide you with an address to obtain a copy of the information or report and a description in writing of your rights under the law prior to making such an adverse employment decision. We will provide you with the disclosure within five (5) business days of the date on which we receive your written request.

I hereby authorize and request all circuit courts and their officers, officials and employees, state agencies and their officials and employees, local and state law enforcement agencies, federal law enforcement agencies, International law enforcement agencies having criminal information relevant to my background for employment purposes, to release any and all information upon John A. Logan College’s request. I further release, hold harmless and agree to indemnify any of the foregoing from any and all liability, injury, damages, claims, demands, causes of action, suits, judgments and executions, whether sounding in tort, contract, equity or law, which I and my heirs, personal representatives, assigns, executors and administrators now have, or in the future may have, against any of the foregoing for providing the requested reports to John A. Logan College.

PLEASE TYPE OR PRINT LEGIBLY

Last Name: _____ **First Name:** _____ **Middle Name:** _____

Other names known by (including maiden): _____

Address: _____
Street/P.O. Box, City, State, Zip Code, County

Date of Birth _____ **Driver’s License #** _____ **State** _____

SS# _____ **Male** **Female**

Home Addresses for the Past 7 Years:

<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>County</i>	<i>Dates</i>	<i>Mo/Year</i>

Previous Felony/Misdemeanor Criminal Convictions? Yes No

<i>Charge/Conviction</i>	<i>County</i>	<i>State</i>	<i>Dates</i>	<i>Mo/Year</i>

By my signature below, I hereby authorize JALC to obtain my criminal history. I hereby state that I have read this document in detail and clearly understand the terms and rights that I have granted to JALC for the collection and release of the aforementioned information.

Signature of Applicant _____ **Date** _____

A conviction record will not necessarily be a bar to employment, and factors such as age at the time of the offense, seriousness and nature of the violation, and rehabilitation will be considered.

JALC SURS ANNUITANT VERIFICATION FORM

John A. Logan College
Office of Human Resources
Carterville, IL 62918
618-985-2828 ext. 8273 FAX: 618-985-3906

SURS ANNUITANT VERIFICATION FORM

Any college or university that employs an “affected annuitant”¹ is required to make contributions to the State Universities Retirement System (1-800-ASK-SURS or www.surs.org) equal to the affected annuitant’s annualized retirement annuity (Public Act 97-0968). As a condition of your employment, you must verify your SURS annuitant status. You may also be required to provide sufficient information to confirm your status.

Please answer the question(s) below and provide the information requested. This form and the requested information must be returned to the Office of Human Resources prior to employment.

Have you ever been employed by a SURS employer? NO Proceed to page 2, YES
Complete Questions 1 – 6.

1. I AM an “Affected Annuitant”, No Yes
2. I AM / AM NOT (check the applicable answer) receiving a retirement annuity from SURS.
3. I WILL / WILL NOT (check the applicable answer) suspend my annuity payment from SURS.
4. I WILL / WILL NOT (check the applicable answer) become an “affected annuitant” as defined under SURS based on my current academic year employment or my anticipated employment in the academic year for which I am seeking employment by the College.
5. Do you currently work for another SURS entity? NO YES (check the applicable answer). If yes, please list the other SURS entities you are employed by.

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6. Do you intend to work for another SURS entity in the academic year for which you are seeking employment by the College? NO YES (Check the applicable answer). If yes, please list the other SURS entities you anticipate working for.
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If you are a current SURS annuitant who wants to work full-time for John A. Logan College you must suspend your annuity. To take action, you must request the following form directly from SURS: "Election to Forego the Receipt of Annuity Payments during Reemployment".

The College recommends you receive counseling from SURS on the impact of filing this form and the temporary stoppage of your annuity payment. The Human Resources department must receive a copy of the form you have filed with SURS and receive verification from SURS regarding stoppage of payments and effective date. Upon receipt of the required information and documentation your employment may begin. During employment SURS will be deducted from your wages. As the annuitant you are responsible for contacting SURS regarding reinstating your annuity payment when employment ends.

Verification

The information in this SURS Annuitant Verification Form is true, correct and complete to the best of my knowledge and belief. I understand that any misrepresentation or omission of fact, as stated or implied on this form is sufficient reason for not hiring me and will result in my immediate dismissal if already hired.

Signature: _____

Date: _____

Printed Name: _____

NOTE: A person receiving a retirement annuity from the System becomes an "affected annuitant" on the first day of the academic year following the academic year in which the annuitant first meets both of the following conditions:

- (1) While receiving a retirement annuity under this Article, the annuitant has been employed on or after August 1, 2013 by one or more employers under this Article for a total of more than 18 paid weeks (which need not have been with the same employer or in the same academic year).
- (2) While receiving a retirement annuity under this Article, the annuitant was employed on or after August 1, 2013 by one or more employers under this Article and received or became entitled to receive during an academic year compensation for that employment in excess of 40% of his or her highest annual earnings prior to retirement. Paid weeks worked by an employed annuitant in which the annuitant is compensated solely from federal, foundation, trust, or corporate funds, or state grants in which the principal investigator is named are excluded from the paid weeks condition.



John A. Logan wishes to comply voluntarily with various laws and regulations which require us to file annual statistical reports on applicants for employment. In addition, we wish to comply voluntarily with the various laws and regulations which protect disabled veterans and veterans who served on active duty during the Vietnam era for more than 180 days.

Submissions of this information by you is voluntary. Please be assured that you will not be subject to any adverse treatment if you do not provide the information requested.

Position for which you are applying

Are you responding to an advertisement? Yes No

If yes, please give source

Applicants Identifying Themselves as Disabled

Do you have any physical condition or disability which may limit your ability to perform the position for which you are applying?

Yes No

If yes, do you possess, or can we provide you with, any special methods, skills, or procedures which might qualify you for positions you might not otherwise be able to do because of your disability?

You are not required to provide the above information concerning a disability. If you do, it will be kept confidential, with the following exceptions:

- Supervisors may be informed if accommodation is necessary or if your work duties are restricted.
- Government representatives may be provided information in compliance with various laws and regulations.

Name (optional; please print)

County Date

Applicants Identifying Themselves as Veterans

1. Are you a veteran? Yes No
2. Are you a disabled veteran? Yes No
3. Are you a Vietnam-Era veteran who served on active duty for more than 180 days during the Vietnam Era? Yes No

Applicants Identifying Their Sex

Sex Classification

- Male
 Female

Equal Employment Opportunity (EEO) Classification

- White (not of Hispanic origin)
 Black (not of Hispanic origin)
 Hispanic
 Asian or Pacific Islander
 American Indian or Alaskan Native
 Indian (not American)

Please do not attach this form to your application. Return this form to John A. Logan College, Human Resources.

John A. Logan College does not discriminate on the basis of race, religion, color, national origin, disability, age, sexual orientation, or gender orientation.