



**LORAIN  
COUNTY  
Community  
COLLEGE**

**LCCC Mission  
Statement**

Lorain County Community College, a vital and dynamic leader, serves a culturally diverse community by promoting education, economic, cultural, and community development. The college encourages lifelong learning through accessible and affordable academic, career-oriented, and continuing education.



**Internal Brand  
Statement**

In support of the College's mission and vision, LCCC encourages collaboration and innovation to provide a challenging and positive work experience. The LCCC culture promotes integrity, respect and meaningful work in a flexible, reliable and responsive environment that supports professional and personal growth.



**LCCC is a  
Winner  
of the**



HONORING 99 OF THE BEST PLACES  
TO WORK IN NORTHEAST OHIO

Lorain County Community College is an equal opportunity employer. It does not discriminate in employment on the basis of race, color, religion, national origin and ancestry, sex, age and disability.

**Human Resources Office**  
1005 Abbe Road North  
Elyria, OH 44035  
1-800-995-5222 (extension 4047)  
(440) 366-4047  
TDD: (440) 366-4135  
Fax: (440) 366-4147  
www.lorainccc.edu

# Application for Employment

NAME \_\_\_\_\_ Soc.Sec. \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First M.I.

ADDRESS \_\_\_\_\_  
Number and Street Apt No. and/or P.O. Box if applicable

CITY/STATE/ZIP CODE \_\_\_\_\_

AREA CODE/TELEPHONE \_\_\_\_\_ Cell Phone \_\_\_\_\_

Have you ever been employed at LCCC? Yes \_\_\_ No \_\_\_ If yes, please complete the section below.

\_\_\_\_\_  
Name of Supervisor Department From/To

Are you related to a current employee of LCCC? Yes \_\_\_ No \_\_\_ If yes, who?

\_\_\_\_\_  
Name Department

## How were you referred to Lorain County Community College?

LCCC Employee  Advertising/Publications  College Website  
(Name \_\_\_\_\_)

Other \_\_\_\_\_

### CHECK POSITION DESIRED:

Full-Time  Part-time  Day  Evening  Temporary  Teaching Only: Credit  Non-Credit

Teaching Faculty \_\_\_\_\_  Counseling Faculty  Library Faculty  
Discipline (s)

Administrative/Professional/Tech/Support Staff \_\_\_\_\_  
Position applied for

Expected Salary \_\_\_\_\_ Date Available for Work \_\_\_\_\_

Are you 18 years old or older? Yes \_\_\_ No \_\_\_

Are you a licensed driver in the State of Ohio? Yes \_\_\_ No \_\_\_

Are you authorized to work in the U.S.? Yes \_\_\_ No \_\_\_

In the event you are offered employment, can you provide verification of your legal right to work in the U.S.? Yes \_\_\_ No \_\_\_

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If yes, please explain:  
\_\_\_\_\_

# EMPLOYMENT:



*(List most current or present employer first.)*

Company Name	Telephone (    )
Address	Employed – (State month and year) From                      To
Name of Supervisor	Annual Salary
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone (    )
Address	Employed – (State month and year) From                      To
Name of Supervisor	Annual Salary
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone (    )
Address	Employed – (State month and year) From                      To
Name of Supervisor	Annual Salary
State Job Title and Describe Your Work	Reason for Leaving
Company Name	Telephone (    )
Address	Employed – (State month and year) From                      To
Name of Supervisor	Annual Salary
State Job Title and Describe Your Work	Reason for Leaving

May we contact those employers listed?  Yes  No If not, please indicate which ones LCCC should not contact:

---

## EDUCATION:



School	Name and Location	Major Subject	Graduate? Yes/No	Degree/Diploma Received
High School/GED				
College Undergraduate				
College Graduate				
College Doctoral Studies				
Other				

## SPECIAL SKILLS:

Keyboarding (wpm) \_\_\_\_\_  MS Word  MS PowerPoint

Equipment or software \_\_\_\_\_

Computer Programming: Language(s) \_\_\_\_\_

Skills, Machines (List) \_\_\_\_\_

Trade or Craft (List) \_\_\_\_\_

## Licenses/Certifications:

Please indicate type and expiration date.

---

---

---

## OTHER QUALIFICATIONS/PUBLICATIONS/PROFESSIONAL AFFILIATIONS:

List other skills, qualifications or training that are pertinent to the job for which you are applying:

---

---

---

---

---

## MILITARY SERVICE:

Branch of Service \_\_\_\_\_ Induction Date \_\_\_\_\_ Discharge Date \_\_\_\_\_

Highest Rank \_\_\_\_\_ Reserve Status \_\_\_\_\_

Nature of Assignment \_\_\_\_\_

**REFERENCES:**



Name	Present Address	Occupation	Phone Number

**APPLICANT’S SIGNATURE:**

\_\_\_\_\_

**Please read and understand this statement before signing your application:**

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and “references” I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. Further, I authorize LCCC, or its agent, to conduct whatever additional investigation (e.g., educational verification, criminal check, motor vehicle record, and credit check) which may be needed to obtain or verify information regarding my application, resume, any other materials, or any interviews, or concerning my qualifications for employment. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application is not an employment agreement. If I accept an offer of employment I understand that my employment is to be “At Will” and that either I or the employer may terminate my employment at any time, with or without cause, unless the “At Will” arrangement is modified by a written agreement signed by both me and the President of Lorain County Community College.

I understand that my employment is subject to such personnel practices, policies and procedures, and changes therein, as the College may from time to time adopt and/or apply to my employment. If employed, I agree to abide by all of the College’s policies and procedures, or changes therein.

This application will expire in six months. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

**I fully understand and accept all terms and conditions in the above statement.**

\_\_\_\_\_ Date

\_\_\_\_\_ Signature