



APPLICATION FOR EMPLOYMENT

Southern Illinois Collegiate Common Market
3213 South Park Avenue
Herrin, Illinois 62948

Date: _____

Position applied for: _____

Name: Last: _____ First: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____

Email: _____

Type of Position Sought by Applicant _____ FULL-TIME _____ PART-TIME

Are you legally authorized to work in the United States? _____ YES _____ NO
You will be required upon employment to submit verification of your legal right to work in the United States.

Are you a veteran of the US armed forces? _____ YES _____ NO

Branch of Service _____ Entrance Date _____

Have you ever been discharged from a position for making threats, fighting or any other incidents involving violence? _____ YES _____ NO Sexual Harassment? _____ YES _____ NO

If yes, provide details/dates:

Can you travel if it is a job requirement? _____ YES _____ NO

SICCM Consortium Partners:

John A. Logan College

Shawnee Community College

Southern Illinois University at Carbondale

Southern Illinois University at Edwardsville

Southern Illinois Collegiate Common Market is an equal opportunity employer and does not discriminate in any aspect of employment on the basis of race, color, religion, sex, national origin, age, disability, or any other legally protected status in accordance with the requirements of local, state, and federal law.

EDUCATION

Type of School	Educational Institution (City/State)	Dates Attended/ Years	Major/Minor	Degree & Dates or Dates Attended
High School/GED				
College				
Graduate School				
Trade or Business School				

List other relevant skills or training _____

PROFESSIONAL CERTIFICATIONS/LICENSES

Cert./License Title and Number	Issuing Agency	Exp. Date

PROFESSIONAL ORGANIZATIONS

EMPLOYMENT HISTORY

Please include employers within the past 12 years (up to 5) or if employed with one employer for 12 years plus, include past two employers. ****Complete all sections****

Current Employer _____

Complete Address _____

Phone _____ Dates of Employment _____ to _____

Title _____

Job Duties _____

Supervisor Name/Title _____

Reason for Leaving _____

_____ Voluntary _____ Involuntary May we contact current employer? _____ YES _____ NO

Employer _____

Complete Address _____

Phone _____ Dates of Employment _____ to _____

Title _____

Job Duties _____

Supervisor Name/Title _____

Reason for Leaving _____

_____ Voluntary _____ Involuntary

Employer _____

Complete Address _____

Phone _____ Dates of Employment _____ to _____

Title _____

Job Duties _____

Supervisor Name/Title _____

Reason for Leaving _____

_____ Voluntary _____ Involuntary

Employer _____
 Complete Address _____
 Phone _____ Dates of Employment _____ to _____
 Title _____
 Job Duties _____

 Supervisor Name/Title _____
 Reason for Leaving _____
 _____ Voluntary _____ Involuntary

Employer _____
 Complete Address _____
 Phone _____ Dates of Employment _____ to _____
 Title _____
 Job Duties _____

 Supervisor Name/Title _____
 Reason for Leaving _____
 _____ Voluntary _____ Involuntary

REFERENCES

(List name, address, relationship, and phone number of three references not related to you. Include at least two people who have direct knowledge of your professional work, i.e., manager, dean, department chairperson, supervisor, etc)

Name/Position	Address/Phone	May We Contact At This Time?

The Southern Illinois Collegiate Common Market reserves the right to confer with persons listed by you as a reference, or **with any other individuals**, with knowledge concerning your total qualifications for the position sought. The Southern Illinois Collegiate Common Market will not inquire into your financial status, religious affiliation, marital status, or any other matters unrelated to your qualifications to fill the position for which you are applying. Information received from such inquiries will be used solely for determining your employability with the Southern Illinois Collegiate Common Market, and for no other purpose. This information will not be shared with anyone other than those Southern Illinois Collegiate Common Market representatives involved in the selection process. Unless you are willing to authorize us to make such inquiries, your application will not be considered.

I hereby consent to having the Southern Illinois Collegiate Common Market 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 or check Internet/website. I consent to being discussed by any person so contacted and I waive all rights to bring any action for defamation, invasion of privacy, or any similar cause against anyone contacted as a result of what he or she may say about me. I further consent, if employed, to a criminal background check.

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL INFORMATION ON AND ATTACHED TO THIS EMPLOYMENT APPLICATION IS TRUE, COMPLETE, AND MADE IN GOOD FAITH. I UNDERSTAND THAT ANY FALSE INFORMATION OR OMISSION MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT AND MAY RESULT IN MY DISMISSAL IF DISCOVERED AT A LATER DATE. I UNDERSTAND THAT ANY INFORMATION I GIVE MAY BE INVESTIGATED.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for a definite period of time.

I, _____, have read the above statements and agree, including SICCM's right to conduct a criminal background check.

Signature of Applicant _____ Date _____

SICCM SURS ANNUITANT VERIFICATION FORM

Southern Illinois Collegiate Common Market
3213 S. Park Ave.
Herrin, IL 62948
(618) 942-6902 FAX: (618) 942-6658

SURS ANNUITANT VERIFICATION FORM

Any college or university that employs an “affected annuitant” 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 SICCM 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 SICCM.
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.

6. Do you intend to work for another SURS entity in the academic year for which you are seeking employment by SICCM? NO _____ YES _____ (check the applicable answer). If yes, please list the other SURS entities you anticipate working for.

If you are a current SURS annuitant who wants to work full-time for Southern Illinois Collegiate Common Market, 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”.

SICCM recommends you receive counseling from SURS on the impact of filing this form and the temporary stoppage of your annuity payment. SICCM 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.