



Human Resources, 3000 Landerholm Circle  
Bellevue, WA 98007 425/564-2274  
www.bellevuecollege.edu

Exempt Application

Title:	Program Manager, Science and Math Institute	Reference # 009064
Department:	Science Division	Application Review Begins: November 23, 2009

In accordance with the application procedures for this position, I am submitting:

- Bellevue College application form
- Cover letter addressing how the applicant meets the minimum and desirable qualifications and core competencies
- Current Resume
- College transcripts (copies are acceptable)
- Names, addresses, and phone numbers of three current professional references
- Applicant Data Form (optional)

Name of Applicant (Please print)	Social Security Number (optional): _____ - _____ - _____
List other names under which you have attended school, been employed or known by:	
Address _____ City, State, Zip _____ Home Telephone _____ Business Telephone _____ Message Telephone _____ Email Address _____	How did you hear about this position? <input type="checkbox"/> Bellevue College homepage <input type="checkbox"/> Seattle Times /NW Jobs <input type="checkbox"/> HigherEdJobs.com <input type="checkbox"/> SBCTC <input type="checkbox"/> HBCUConnect.com <input type="checkbox"/> LWHRA <input type="checkbox"/> Seattle SHRM <input type="checkbox"/> The Chronicle of Higher Education <input type="checkbox"/> Colors NW <input type="checkbox"/> WorkSource <input type="checkbox"/> Other _____

APPLICANT'S CERTIFICATION AND AGREEMENT -- PLEASE READ CAREFULLY:

I hereby certify that the information provided in this application is true and complete, and that there are no willful misrepresentations in and no falsification of any of the statements and answers to questions. I am aware that should investigation disclose any misrepresentation or falsification, such disclosure will constitute grounds for rejection of application or immediate dismissal.

I hereby consent to and authorize any of my former employers to furnish any and all relevant information concerning my previous employment record. I hereby consent to and authorize any of my previous educational institutions to furnish any and all relevant information concerning my previous educational record. I release all parties connected with any request for information from all claims, liability, and damages for whatever reason arising out of furnishing this information. If employed, I release Bellevue College from any liability for future references it may provide regarding my work history at the College.

I understand that my employment is contingent upon proof of employment authorization and of identity and will present the documents when asked.

I understand that should my position have unsupervised access to children under sixteen years of age or developmentally disabled persons I will consent to a background investigation to check all information contained in or related to my application, including records of law enforcement agencies. If I am employed, I understand that employment will be on a conditional basis pending completion of the background check. I understand that should investigation disclose misrepresentation or omission, such disclosure will constitute grounds for rejection of application or immediate dismissal.

Bellevue College is an Equal Opportunity Employer and operates under an Affirmative Action Plan, in accordance with applicable federal and state laws and regulations. BC reaffirms its policy of equal opportunity regardless of race, color, creed, religion, national origin, sex, sexual orientation, age, marital status, disability, or status as a disabled veteran or Vietnam era veteran. Please visit <http://www.bellevuecollege.edu/equal.asp> or contact Human Resources at 425/564-2274, TTY 425/564-4184, Fax 425/564-3173 or email [hr@bellevuecollege.edu](mailto:hr@bellevuecollege.edu).

A photocopy of this release shall have the same effect as the original.

I have read and understand the information on this application.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Human Resources**  
 3000 Landerholm Circle SE  
 Bellevue, WA 98007-6484  
 (425) 564-2274  
 TDD 564-4184

**Applicant Data Form**  
 An Equal Opportunity /  
 Affirmative Action Employer

To assist us in tracking the diversity of our applicant pools and in achieving our affirmative action goals, we ask that you voluntarily provide us with the following information. Your response will remain confidential. This form will be removed from your application and will not be forwarded to the selection committee.

Name (Last, First, Middle Initial)	Position Applied for	Social Security Number (OPTIONAL)
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**1. What race or culture do you consider yourself?**

- Black / African-American (870)
- Caucasian / White (800)
- Asian or Pacific Islander (API) (if API, please check one box below)
  - Chinese (605)       Vietnamese (619)
  - Filipino (608)       Asian Indian (600)
  - Hawaiian (653)       Japanese (611)
  - Korean (612)       Cambodian (604)
  - Samoan (655)       Laotian (613)
  - Guamanian (660)
  - Other API (Please identify below) \_\_\_\_\_

American Indian (597)  
 [Please identify name of the enrolled or principal tribe below]  
 \_\_\_\_\_

- Eskimo (935)
- Aleut (941)
- Other Race [please print] \_\_\_\_\_

**2. Spanish/Hispanic Origin – Are you or of Spanish/Hispanic origin? (please check only one)**

- No (Not Spanish/Hispanic) (999)
- Yes, Mexican, Mexican American, Chicano (722)
- Yes, Puerto Rican (727)
- Yes, Cuban (709)
- Yes, Spanish/Hispanic (Print one group, for example: Argentinian, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, etc.  
 \_\_\_\_\_

**If you are more than one race, please also check "Multi-Racial" below and indicate your preference for Affirmative Action purposes.**

Multi-Racial: \_\_\_\_\_

**3. Are you in a protected age group (40+)?**

- Yes       No

**4. Are you:**  Male       Female

**5. Do you have a physical, sensory, or mental condition that substantially limits any of your major life functions?**

- Yes       No
- Ambulatory/mobility       Visual
- Hearing       Mental/psychological
- Other (please specify): \_\_\_\_\_

**6. Do you have a physical, mental, or other health condition that has lasted six (6) or more months and which limits the kind or amount of work you can do at a job?**

- YES       NO

NOTE: This question is included to maintain consistency with the federal census data. If you mark this question and do not answer question 5 as "Yes", you will not meet the definition for persons with disabilities since it states that the disability must be permanent.

**7. Employment preference is given to veterans who meet the state and federal qualifications. If eligible, ten (10) percentage points will be added to your passing score if you are not receiving veteran's retirement pay. If you are receiving retirement pay, five (5) percentage points will be added.**

Have you served honorable in the Armed Forces of the United States on active duty for reasons other than training.

- YES       NO

If yes, please list campaign, expeditionary, or service medal received:

\_\_\_\_\_  
 \_\_\_\_\_

(Continued on back)

(Veteran's Information continued)

Did you serve in active duty prior to May 8, 1975?

Yes  No

Were you discharged within the last fifteen years?

Yes  No

If yes, type of discharge: \_\_\_\_\_

Are you receiving a monthly retirement benefit?

Yes  No

Are you a Vietnam-era veteran?

Yes  No

Do you have a service-connected disability?

Yes  No

If yes, list percent of disability: \_\_\_\_\_

**Note: To qualify and receive veteran's preference, you must attach a copy of the discharge or DD214 with your employment application.**

**I certify that this information is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Affirmative Action Definitions

**American Indian or Alaskan Native.** A person with origins in any of the original peoples of North America and who maintains cultural identification through documented tribal affiliation or community recognition.

**Asian or Pacific Islander.** A person with origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. For example, China, Japan, Korea, Pakistan, the Philippine Republic, and Samoa.

**Black / African-American.** A person with origins in any of the Black racial groups of Africa.

**Hispanic.** A person of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin regardless of race. For example, persons from Brazil, Guyana, or Surinam would be classified according to their race and would not necessarily be included in the Hispanic category. This category does not include persons from Portugal, who should be classified according to race.

**White / Caucasian.** A person with origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Disabilities.** For Affirmative Action purposes, people with disabilities are persons with a permanent physical, mental, or sensory impairment which substantially limits one or more major life activities. Physical, mental, or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or functions; (b) any mental or psychological disorders such as mental retardation, organic brain syndrome, emotional or mental illness, or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

**Vietnam-era Veteran.** An applicant who: (a) served on active duty for a period of more than 180 days, and was discharged or released with other than a dishonorable discharge, if any part of such active duty occurred (1) in the Republic of Vietnam between February 28, 1961 and May 7, 1975 or (2) between August 5, 1964 and May 7, 1975, in all other cases; (b) was discharged or released from active duty for a service-connected disability if any part of such activity was performed during the times and places specified under (a).

**Disabled Veteran.** A person entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30% or more, or whose discharge/release from active duty was for a disability incurred or aggravated in the line of duty.

**Campaign Veteran.** Served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.