

### INSTRUCTIONS:

In order to be processed, the application must be completed in **ink (or typed) and signed**. Please answer all questions and complete all sections of this form, "see resume" is not acceptable. Resumes will not be accepted in lieu of completing an application form.

## Current Information

Position Sought \_\_\_\_\_

(You must complete a separate application for each position)

Name \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mailing Address \_\_\_\_\_  
Street & Number, RFD, or P.O. Box City State Zip

Telephone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ If neither, where can you be reached? (\_\_\_\_) \_\_\_\_\_  
Home Business

E-mail \_\_\_\_\_ When would you be available for employment? \_\_\_\_\_

## General Information

- A. Have you previously been employed with Wilson Community College?  Yes  No  
If yes, what department and when? \_\_\_\_\_
- B. Are you a retiree of the State of North Carolina?  Yes  No
- C. Will you accept employment requiring regular night or weekend work?  Yes  No
- D. Will you accept employment requiring occasional night or weekend work?  Yes  No
- E. Are you related by blood or marriage to any employee of the College?  Yes  No  
If yes, give name and relationship \_\_\_\_\_
- F. Are you legally eligible for employment in the United States?  Yes  No  
(Proof of citizenship or immigration status **REQUIRED** upon employment.)
- G. Have you ever been convicted of a felony?  Yes  No  
If yes, explain\* \_\_\_\_\_  
(Note: A conviction record will not necessarily exclude you from employment. Factors such as age at time of offense, rehabilitation efforts, how recent the offense was, and the nature of the crime will be taken into consideration)  
\*Attach additional sheets if necessary
- H. Can you perform the essential functions of the position as described on the position announcement for which you have applied?  Yes  No

# Employment History

(Provide your complete employment history)

## A. CURRENT OR MOST RECENT EMPLOYMENT

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Telephone Number (\_\_\_\_) \_\_\_\_\_ Date Employed \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Separated \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Full Time: Years \_\_\_\_ Months \_\_\_\_ Part Time: Years \_\_\_\_ Months \_\_\_\_ If part-time, number of hours worked per week \_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Number Taught: \_\_\_\_\_ Number Supervised: \_\_\_\_\_  
Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we inquire of this employer about your qualifications and character?  Yes  No

## B. NEXT EMPLOYMENT

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Telephone Number (\_\_\_\_) \_\_\_\_\_ Date Employed \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Separated \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Full Time: Years \_\_\_\_ Months \_\_\_\_ Part Time: Years \_\_\_\_ Months \_\_\_\_ If part-time, number of hours worked per week \_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Number Taught: \_\_\_\_\_ Number Supervised: \_\_\_\_\_  
Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we inquire of this employer about your qualifications and character?  Yes  No

## C. NEXT EMPLOYMENT

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Telephone Number (\_\_\_\_) \_\_\_\_\_ Date Employed \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Separated \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Full Time: Years \_\_\_\_ Months \_\_\_\_ Part Time: Years \_\_\_\_ Months \_\_\_\_ If part-time, number of hours worked per week \_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Number Taught: \_\_\_\_\_ Number Supervised: \_\_\_\_\_  
Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we inquire of this employer about your qualifications and character?  Yes  No

# Employment History *(continued)*

## D. NEXT EMPLOYMENT

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Telephone Number (\_\_\_\_) \_\_\_\_\_ Date Employed \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Separated \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Full Time: Years \_\_\_\_ Months \_\_\_\_ Part Time: Years \_\_\_\_ Months \_\_\_\_ If part-time, number of hours worked per week \_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Number Taught: \_\_\_\_\_ Number Supervised: \_\_\_\_\_  
Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we inquire of this employer about your qualifications and character?  Yes  No

## E. NEXT EMPLOYMENT

Employer \_\_\_\_\_ Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor's Name & Title \_\_\_\_\_  
Telephone Number (\_\_\_\_) \_\_\_\_\_ Date Employed \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date Separated \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Full Time: Years \_\_\_\_ Months \_\_\_\_ Part Time: Years \_\_\_\_ Months \_\_\_\_ If part-time, number of hours worked per week \_\_\_\_  
Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_ Number Taught: \_\_\_\_\_ Number Supervised: \_\_\_\_\_  
Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we inquire of this employer about your qualifications and character?  Yes  No

***(Attach additional pages if this does not include your complete employment history)***

# Education and Training

Education	Name and Location	Date Attended (Month/ Year)	Degree/Diploma	Year Received	Major
High School Diploma/GED					
Associate Degree					
Bachelor's Degree					
Master's Degree					
Doctoral Degree					

## ***Other Qualifications***

List subjects you feel qualified to teach; related volunteer experience; any skills, abilities, special certifications, licenses, or special training you have had and feel are applicable to the position for which you have applied. Include skills with equipment or machines you can operate. If you are applying for a CLERICAL position, please indicate speeds for typing.

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## ***Please Include***

- **PROFESSIONAL STATEMENT:** If you are applying for a teaching position, on a separate page(s) indicate why you chose teaching as a profession, your philosophy of education, and your views on academic standards.
- **TRANSCRIPT:** A non-returnable copy of college credits **IS REQUIRED** to process your application, otherwise your application will be deemed incomplete and will not be considered. Official transcripts **WILL BE REQUIRED** if you are hired for a position and must be received in the Human Resources Office within thirty (30) days of offer of employment.

## ***References***

List 3 references who have knowledge of your qualifications for the position for which you are applying. Do not repeat the names of supervisors listed with your employment record unless they can no longer be contacted at those addresses. Please list the appropriate day-time number. **DO NOT LIST RELATIVES.**

A. Name \_\_\_\_\_ Daytime Telephone Number (\_\_\_\_) \_\_\_\_\_

B. Name \_\_\_\_\_ Daytime Telephone Number (\_\_\_\_) \_\_\_\_\_

## ***Certifications***

***Read carefully before signing and dating.***

I certify that all information on this application is correct. I authorize any agent or employee of the College to verify this information. Such reference calls may include persons other than those I have listed as references in my application materials. I will hold neither the inquiring party/organization nor the responding party/organization liable for information exchanged regarding the execution of my former employment. I understand that any information released by my prior employers will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that I waive any rights to see this information.

I certify that, to the best of my knowledge, the information given truly represents my background and experiences. I understand that if I have knowingly misrepresented or falsified any of this application information I may be disqualified from employment consideration or dismissed from employment with Wilson Community College.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employment may be contingent upon a satisfactory background investigation of any or all of the following records: criminal, motor vehicle, credit, reference checks, and/or drug test.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**NOTE:** Wilson Community College is committed to providing a reasonably safe environment for students, employees and visitors and to complying with the Clery Act. Therefore, interested prospective employees may view the annual campus security report at:  
[http://www.wilsoncc.edu/Consumer\\_Information/CampusCrimeReport.cfm](http://www.wilsoncc.edu/Consumer_Information/CampusCrimeReport.cfm) or may request a paper copy from the Human Resources Office.

# Personal Information Form

The sole purpose of the Personal Information Form is to comply with record-keeping, reporting, and other legal requirements. Periodic reports to governmental agencies may be made on the following information. The completion of the Personal Information Form is optional. If you choose

to volunteer the requested information, please note that all Personal Information Forms are kept in a confidential file and are not a part of your application for employment. Please note: INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

Position Sought \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female

<b>Citizenship:</b> <input type="checkbox"/> Lawful permanent resident <input type="checkbox"/> Non-resident alien <input type="checkbox"/> U.S. Citizen	<b>Ethnicity:</b> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	<b>Race:</b> <i>(check one or more)</i> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	<b>Disability:</b> <input type="checkbox"/> None, prefer not to report <input type="checkbox"/> Hearing <input type="checkbox"/> Orthopedic <input type="checkbox"/> Speech <input type="checkbox"/> Vision <input type="checkbox"/> Other _____
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### Veteran Status:

US Armed Forces veteran:  Yes  No

Spouse or dependent of veteran:  Yes  No

Branch of service: \_\_\_\_\_

Dates of service: \_\_\_\_\_

If served during war or conflict please specify: \_\_\_\_\_  
*(Example: Vietnam, etc.)*

**NOTE: Copy of DD Form 214 must be attached as proof to right of veterans preference.**

If required, have you registered with the Selective Service (Military Draft Board)?  Yes  No

How did you find out about this position? (If newspaper, which one?) \_\_\_\_\_

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

To help us learn about your experiences, abilities, interests, and education please prepare this application thoroughly and accurately. Your "Application for Employment" is used as a part of the selection process and should represent your best effort. It can only be officially considered after you have completed, signed, and submitted the application to Wilson Community College's Human Resources Department.

**WILSON COMMUNITY COLLEGE**  
P.O. Box 4305 • 902 Herring Avenue • Wilson, NC 27893  
(252) 291-1195 • [www.wilsoncc.edu](http://www.wilsoncc.edu)  
Equal Opportunity Employer