

APPLICATION FOR EMPLOYMENT

Wilson Community College is an equal opportunity employer.



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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	
Home Phone	Business Phone Cell Pho			one			
Email	When would you be available			/ailable fo	for employment?		
GENERAL INFORMATION							
A. Have you previously been employed with Wilson Community College?					□ No		
If yes, what department and when?:							
B. Are you a retiree of the State of North Carolina? ☐ Yes ☐ No						□ No	
C. Will you accept employment requiring regular night or weekend work?					□ No		
D. Will you accept employment requiring occasional night or weekend work? ☐ Yes ☐ N					□ No		
E. Are you related by blood or marriage to any employee of the College?					□ No		
If yes, give name and relationship:							
F. Are you legally eligible for employment in the United States? (Proof of citizenship or immigration status <u>REQUIRED</u> upon employment.) Yes				□ No			
G. Can you perform the essential functions of the position as described on the position announcement for which you have applied?				□ No			

EMPLOYMENT HISTORY (Provide your complete employment history)					
A. CURRENT OR MOST RECENT EMPLOYMENT					
Employer		Address			
Job Title		Supervisor's Name & Title			
Phone		Date Employed	Date Separated		
Full Time: Years Months	Part Time: Years Months	If part-time, number of hours work	ed per week:		
Starting Salary	Ending Salary	Number Taught	Number Supervised		
Duties					
Reason for leaving					
May we inquire of this employer ab	out your qualifications and characte	er?	☐ Yes ☐ No		
B. NEXT EMPLOYMENT					
Employer		Address			
Job Title		Supervisor's Name & Title			
Phone		Date Employed	Date Separated		
Full Time: Years Months	Part Time: Years Months	If part-time, number of hours work	me, number of hours worked per week:		
Starting Salary	Ending Salary	Number Taught	Number Supervised		
Duties					
Reason for leaving					
May we inquire of this employer ab	out your qualifications and characte	er?	☐ Yes ☐ No		
C. NEXT EMPLOYMENT					
Employer		Address			
Job Title		Supervisor's Name & Title			
Phone		Date Employed	Date Separated		
Full Time: Years Months	Part Time: Years Months	If part-time, number of hours work	ed per week:		
Starting Salary	Ending Salary	Number Taught	Number Supervised		
Duties					
Reason for leaving					
May we inquire of this employer ab	☐ Yes ☐ No				

EMILIOAMENT HIS	TURY (Conti	nued)						
D. NEXT EMPLOYMEN	Т							
Employer			Address					
Job Title		Supervisor's Nam	Supervisor's Name & Title					
Phone			Date Employed		Date Separated			
Full Time: Years M	lonths	Part Time: Years Months	If part-time, numb	oer of hours work	ked per week:			
Starting Salary		Ending Salary	Number Taught Number Supervised			ed		
Duties								
Reason for leaving								
May we inquire of this employer about your qualifications and charac			racter?		☐ Yes ☐ N	0		
E. NEXT EMPLOYMEN	 Т							
Employer			Address		-			
Job Title			Supervisor's Nam	Supervisor's Name & Title				
Phone			Date Employed	Date Employed Date Separated				
Full Time: Years M	Ionths	Part Time: Years Months	If part-time, numb	oer of hours work	d per week:			
Starting Salary		Ending Salary	Number Taught		Number Supervised			
Duties Reason for leaving								
May we inquire of this	employer ab	out your qualifications and cha	ractor?		☐ Yes ☐ N	2		
way we inquire or tins		additional pages if this does i		lete employmen		<u> </u>		
EDUCATION AND T	RAINING							
Education	N	ame 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.

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 <u>IS REQUIRED</u> to process your application, otherwise your application will be deemed
 incomplete and will not be considered. Official transcripts <u>WILL BE REQUIRED</u> 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 two 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 Phone
B. Name	Daytime Phone

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.

I understand that 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

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: www.wilsoncc.edu/security/campus-crime-report or may request a paper copy from the Human Resources Office.

Wilson Community College is an equal opportunity employer and, as such, we provide employment opportunities without regard to race, color, religion, national origin, sex (including pregnancy), age, disability, veteran or military status, genetic information or other legally protected characteristics.

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 <u>are not</u> a part of your application for employment. <u>Please note:</u> INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.					
Position Sought					
Name	Gender: ☐ Male ☐ Female				
Citizenship:	☐ U.S. Citizen				
Ethnicity: Hispanic/Latino Not Hispanic/Latino					
Race: <i>(check one or more)</i> American Indian or Alaska Native Asian Black or African American Native Hawaiian or other Pacific Islander White Other:					
VETERAN STATUS					
US Armed Forces Veteran: ☐ Yes ☐ No	Spouse or Dependent of Veteran: \square Yes \square 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)?					
How did you find out about this position? (If newspaper, which one?)					
To help us learn about your experiences, abilities, interests, and ed					

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.



PO Box 4305 • 902 Herring Avenue Wilson, NC 27893 (252) 291-1195 • wilsoncc.edu Equal Opportunity Employer

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