

SAMPSON COMMUNITY COLLEGE

APPLICATION FOR EMPLOYMENT

Personnel Office

P.O. Box 318

Clinton, NC 28329-0318

(910) 592-8081

Personnel@sampson.cc.nc.us

Completed applications are to be forwarded to: Personnel Office, Sampson Community College, P.O. Box 318, Clinton, NC 28329-0318.

This office can also help if you want to know more about employment opportunities at Sampson Community College.

Please notify the Personnel Office if you need assistance in completing this application form.



PLEASE READ THESE INSTRUCTIONS BEFORE YOU BEGIN

SPECIAL ATTENTION: Applicants must furnish:

- (1) transcripts of coursework with official registrar's seal from applicant's graduate or undergraduate work.
- (2) completed professional resume.
- (3) completion of this application.

If you have questions concerning the nature of a particular position, this information may be obtained from the Personnel Office.

EDUCATION:

The question Did You Graduate ("Grad?") must be answered "Yes" or "No."

Below "S/Q Hrs," list the hours of credit received and if they were semester (S) or quarter (Q) hours. For vocational school, give the number of classroom hours you attended.

WORK HISTORY:

Begin with your most recent job. Include all paid employment as well as all military or volunteer work which you feel might help you in the job(s) for which you are applying. If you had different jobs for the same employer, describe each job separately. Describe in DETAIL what you did at each job, starting with your main duties. Give the percent of time you spent on each duty. A resume cannot be substituted for the work history, but may be attached as additional information. If you were a supervisor, describe the type of employees you supervised.

SIGNATURE OF APPLICANT: You must sign and date this application. *Unsigned Applications Will Not Be Processed.*

NOTICE: Sampson Community College hires only U. S. Citizens and Lawfully Authorized Alien Workers.

EQUAL OPPORTUNITY INFORMATION

Sampson Community College policy prohibits discrimination based on race, color, national origin, religion, sex, age, political belief, or handicap. (Absence of handicap is a bona fide qualification in a small number of jobs.) The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

SEX

1. ☐ Male
2. ☐ Female

ETHNIC GROUP

1. ☐ White (non-Hispanic)
2. ☐ Black (non-Hispanic)
3. ☐ Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
4. ☐ Asian (including Pacific Islander)
5. ☐ American Indian (including Alaskan Native)
6. ☐ Multi-racial

PLEASE DO NOT REMOVE

SAMPSON COMMUNITY COLLEGE

APPLICATION FOR EMPLOYMENT

Please Print or Type

Date of Application:



SCC-PF-A01

Last Name

First Name

Middle Name

Address (Street number and name)

City

County

State

Zip Code

Phone (Home or where you can be reached)

Business Phone

AVAILABILITY

Do you now work for the State of N.C.?

☐ YES

☐ NO

Are you related by blood or marriage to any person now working for the State? ☐ YES ☐ NO

(If yes, give name, relationship to you and the agency where employed)

CHECK the types of work you will accept:

☐ 1. Permanent full-time

☐ 2. Permanent part-time

☐ 3. Temporary full-time

☐ 4. Temporary part-time

☐ 5. Any of the preceding

☐ 6. Work Involving Travel

If you are not available for work now, enter the earliest date you could begin work (mo/day/yr): _____

Designate hours during the day in which you are unavailable for work: _____

EDUCATION

Check highest grade completed: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ GED College: ☐ 1 ☐ 2 ☐ 3 ☐ 4 Graduate School: ☐ 1 ☐ 2 ☐ 3 ☐ 4

| Schools | Name and Location | Dates Attended | Grad? | S/Q Hrs. | Maj. /Min. Course Work | Type Degree |
|--|-------------------|----------------|---|----------|------------------------|-------------|
| High School | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| College or University | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Graduate or Professional | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Other educational vocational school, internships, etc. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

JOB APPLIED FOR

Enter the specific title for which you are applying:

Use this space to explain any answer.

References: Please list three (3) references. Include address and telephone number.

(1) _____

(2) _____

(3) _____

List fields of work for which you are licensed, registered, or certified, giving date(s) and source(s) of issuance:

If the job applied for calls for specific courses, indicate those courses taken and credits received:

SKILLS

CHECK the following skills, experiences, etc. which you have:

☐ Driver's license

☐ Foreign language (specify) _____

☐ Word Processing

☐ Chauffeur's license

☐ Adding machine/calculator

☐ Legal transcription

☐ Car for use at work

☐ Typing (specify WPM) _____

☐ Medical transcription

☐ Sign language

☐ Shorthand/speedwriting (specify WPM) _____

☐ Braille skills

☐ Other _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) ☐ YES ☐ NO (if yes, explain fully on an additional sheet.)

SCC-PF-A01

WORK HISTORY (include volunteer experience) Use Additional Sheets if Necessary

Current or Last Employer

Address

Job Title

Supervisor's Name

No. Supervised by You

Date Employed (mo. /yr.)

Starting Salary

Ending Salary

Reason for Leaving

May We Contact Employer?

☐ YES ☐ NO

Date Separated (mo. /yr.)

Duties

Full-time:

Years

Months

Part-time:

Years

Months

If part-time, number of hours worked per week:

Employer

Address

Job Title

Supervisor's Name

No. Supervised by You

Date Employed (mo. /yr.)

Starting Salary

Ending Salary

Reason for Leaving

May We Contact Employer?

☐ YES ☐ NO

Date Separated (mo. /yr.)

Duties

Full-time:

Years

Months

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Months

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Employer

Address

Job Title

Supervisor's Name

No. Supervised by You

Date Employed (mo. /yr.)

Starting Salary

Ending Salary

Reason for Leaving

May We Contact Employer?

☐ YES ☐ NO

Date Separated (mo. /yr.)

Duties

Full-time:

Years

Months

Part-time:

Years

Months

If part-time, number of hours worked per week:

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30, G.S. 14-122. 1).

Signature of Applicant (unsigned applications will not be processed)

Date