

EMPLOYMENT APPLICATION



“Saili le Atamai”

AMERICAN SAMOA COMMUNITY COLLEGE

HUMAN RESOURCES OFFICE

Post Office Box 2609

Pago Pago, American Samoa 96799

Telephone: (684) 699-9155 Ext. 404/335/403/436

Email: ascchumanresources@amsamoa.edu

Facsimile: (684) 699-8606

IMPORTANT

Please read the instructions carefully before filling in each section. Answer each question briefly, but as completely as possible. Type or print clearly your answers in the spaces provided. If an item does not apply to you or if there is no information to be given, please write in the letters, "N.A." (for "Not Applicable"). This application will be used for evaluation only. You are in no way obligating yourself by submitting it nor is its acceptance by the American Samoa Community College to be interpreted as a commitment of any kind. Non-resident applicants are asked to include marital and dependent information on a supplementary form. If you need information about employment or assistance to complete this application form, contact a representative of the American Samoa Community College Human Resource Office. A completed application requires the following attached documents:

1. Resume
2. Three Letters of Recommendation
3. Official Transcripts (if appropriate)
4. Copies of Educational or Vocational Diploma, Degree, or Certificate
5. Official Photo Identification Document
6. Birth Certificate or Passport
7. If you are not a US Citizen or US National, provide a copy of your Immigration ID and Immigration Board hearing result.
8. Social Security

EQUAL EMPLOYMENT OPPORTUNITY

There shall be no discrimination in employment against any person on the basis of race, religious beliefs, political beliefs, color, age, sex, national origin, marital status, or physical and mental handicap, except for bona fide occupational or legal requirements.

Please Select Appropriate Position and Type:
 ___ Career Service: Management ___ Staff ___ Faculty ___
 ___ Contract: Full time ___ Part-time ___

Positions Applying for: 1) _____ 2) _____ 3) _____

For office use only: Date received: _____ Initials: _____

EMPLOYMENT APPLICATION

Contact Information		
Last Name	First Name	Middle Name
Address	City & State	Zip Code
Home/Cell Phone	Work Phone	Email

General Information

Background:

1. Have you ever been convicted for any crime other than a minor traffic violation? (A "Yes" does not automatically qualify you from further consideration.) Yes No

If "Yes" explain: _____

2. Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodations? Yes No

If "No" explain: _____

Education/Training

Highest Grade Completed: _____

Name of Institution	Location (City/State)	Major Subject	Semester Units	Degree or Certificate *

Applicant should file as complete a transcript as possible of all college work (if applicable) so that decision may be made regarding employment. If work is still in progress, a supplementary transcript should be filed later. * If pending, indicate date degree is expected to be awarded.

Credentials

List all applicable credentials received. (For faculty positions Only)

Type	Subject(s) Title	Expiration Date (If life please indicate)

Equivalency

Our Equivalency to the minimum qualifications is listed on our job announcement. Please describe in detail how you meet these qualifications. Please List all upper division and graduate level courses you have taken in the area you are requesting equivalency. Please include the number of units for each course and whether they are semester or quarter units. (For Faculty/Academic Positions Only)

Course	Semester/Unit Hours	Justification

Employment Information

THIS SECTION MUST BE COMPLETED EVEN THOUGH A RESUME IS ATTACHED. Begin with your present employment and work back. Account for all time, including periods of unemployment. In addition, please describe any other related volunteer or work experience. Use additional sheet if more space is required.

Employer	Address	From:	To:
Position Title	Supervisor's Name	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-time
Phone #	Current/Ending Salary	<input type="checkbox"/> Teaching	<input type="checkbox"/> Admin
Duties		Reason for Leaving	
Employer	Address	From:	To:
Position Title	Supervisor's Name	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-time
Phone #	Current/Ending Salary	<input type="checkbox"/> Teaching	<input type="checkbox"/> Admin
Duties		Reason for Leaving	
Employer	Address	From:	To:
Position Title	Supervisor's Name	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-time
Phone #	Current/Ending Salary	<input type="checkbox"/> Teaching	<input type="checkbox"/> Admin
Duties		Reason for Leaving	
Employer	Address	From:	To:
Position Title	Supervisor's Name	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-time
Phone #	Current/Ending Salary	<input type="checkbox"/> Teaching	<input type="checkbox"/> Admin
Duties		Reason for Leaving	
Employer	Address	From:	To:
Position Title	Supervisor's Name	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-time
Phone #	Current/Ending Salary	<input type="checkbox"/> Teaching	<input type="checkbox"/> Admin
Duties		Reason for Leaving	

References

Name	Title and Occupation	Relationship	Telephone #

- A. Were you ever dismissed from teaching or administrative position? (If applicable) Yes No
 B. Did you ever leave a teaching position before the end of a contract? Yes No, If you answered "Yes" to A & B, please explain:

I AUTHORIZED AMERICAN SAMOA COMMUNITY COLLEGE TO CONTACT MY CURRENT EMPLOYER. Yes No

Read carefully before Signing. (Since every statement and answer on the application is subject to verification, read the next paragraph carefully before signing).

I hereby declare that the statements and answers in this application are true and complete to the best of knowledge. I authorized investigation of all statements contained in this application, except as I have noted under work experience. I hereby release from all liability any person(s) or organization furnishing

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such information. I understand that falsification, misrepresentation, or omission of the facts is cause for rejection of the application, removal of my name from consideration, or discharge from ASCC.

Signature of Applicant _____

Date: _____

Survey

Dear Applicant:

American Samoa Community College is an Equal Employment Opportunity Employer, and actively seeks to recruit qualified personnel without regard to race, color, religion, sex, age, sexual orientation, national origin, or disability to fill vacancies and new positions as they become available.

We are asking applicants for all positions to complete the information on this form. Information gathered will be confidential and will be used only per local and Federal Equal Employment Opportunity rules and regulations.

Filling out this section is optional, however, your cooperation will be of assistance to us and will be greatly appreciated.

American Samoa Community College is an Equal Opportunity Employer

Name (Lastname, Firstname, M)		SSN	Date of Birth
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Under the ADA are you qualified individual with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Race/Ethnicity (check one) Specify:		How did you learn about this position?	
<input type="checkbox"/> Pacific Islander _____ <input type="checkbox"/> Asian _____ <input type="checkbox"/> Caucasian _____ <input type="checkbox"/> Native American _____ <input type="checkbox"/> Hispanic _____ <input type="checkbox"/> Filipino _____ <input type="checkbox"/> Mixed _____ <input type="checkbox"/> Other _____		<input type="checkbox"/> Newspaper/Publication _____ <input type="checkbox"/> Bulletin Board (location) _____ <input type="checkbox"/> ASCC Employee _____ <input type="checkbox"/> Walk-in Inquiry _____ <input type="checkbox"/> Web Site _____ <input type="checkbox"/> Job Fair _____ <input type="checkbox"/> TV/Radio _____	
Position(s) Applying		Position Numbers	