



Southeastern Community College
Human Resources Office
4564 Chadbourn Highway, P.O. Box 151
Whiteville, NC 28472-0151
Phone (910) 642-7141, ext. 310 • Fax (910) 642-5658

Please read and follow all instructions before completing the Application for Employment. Please retain this page for your information and return all other pages to Southeastern Community College as part of your application packet.

APPLICATION FOR EMPLOYMENT PROCEDURES

Thank you for choosing Southeastern Community College (SCC) as a potential place of employment. It is our goal to provide quality educational programs and services for our students, faculty, staff, and community. In order to fulfill our mission, we endeavor to employ the most qualified personnel available without regard to age, race, sex, color, religion, national origin, disability, or political affiliation.

Currently advertised position announcements are available by selecting the **Employment Opportunities** link. Click on the position title to learn more about the vacancy. Please read position vacancy announcements very carefully as specific requirements such as position qualifications, job duties, deadline dates, and application requirements may vary. In order to be considered for employment, you must **print the Application for Employment and Release Authorization forms, complete the Application for Employment according to instructions located at the top of the form, and complete and sign the Release Authorization form.** Return all pages of the forms via US mail or fax them along with a copy of your resume and post secondary educational transcripts to the Human Resources Office by 5:00 p.m. on or before the deadline date. If submitting by fax, original signed application forms and accompanying materials must be mailed immediately to the address above. Applications received after the deadline date will be considered if a second review becomes necessary. Photocopies of educational transcripts are allowed for the screening process. However, official educational transcripts are required prior to employment. **Failure to submit complete and signed required application materials and forms may delay the processing of your application or result in non-consideration.** All applications will be acknowledged in writing when received by the Human Resources Office.

Completion of the Equal Opportunity Information section of the employment application (Page 3 of 4) is for our records only. Because SCC prohibits discrimination in its staffing process, responses received in section A related to age, gender, and ethnicity will not be used in the selection process but are a valuable tool in determining how well our recruitment efforts are reaching all segments of the population and which media of advertisement is most effective and cost efficient.

Applications for Employment received when no position vacancies exist are placed in active status for six months, with the exception of clerical and custodial/maintenance positions, which are accepted only when a vacancy exists. If part-time employment is desired and indicated with a check on the application form, a copy of the application materials is sent to the appropriate supervisor(s) for review for current or future vacancies. During the six-month active status, applicants may request to have their application reactivated when a position has been advertised for which the applicant has applied or is qualified. At the end of the six-month period, applications are placed in an inactive status and the applicant will be required to resubmit and updated application for future consideration. Subsequent reactivations are to be requested in like manner.

Please feel free to contact the Human Resources Office at (910) 642-7141, ext. 310, should you have any questions regarding the staffing process.



**Application For Employment
Human Resources Office
P. O. Box 151, Whiteville, North Carolina 28472**

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE YOU COMPLETE THIS APPLICATION
(TYPE OR PRINT IN BLACK INK ONLY)

AVAILABILITY: Your application will be kept active for six months and you will be notified of any vacancies in positions for which you have applied or may be qualified. (Applications for clerical or maintenance positions are accepted only when there is a specific vacancy.) At the end of six months we will deactivate your application unless we receive a request from you that your application be continued in an active status.

WORK HISTORY: Begin with your most recent job, including 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. If you were a supervisor, describe the type of employees you supervised. **The work history is used to evaluate qualifications and calculate salaries. It is vital that a complete work history be provided. A resume cannot be submitted in lieu of the work history, but is required for application.**

SIGNATURE OF APPLICANT: You must sign and date this application. **An unsigned application will not be processed.**

REFERENCES: If you wish to give references in addition to supervisors listed in the WORK HISTORY section, attach another sheet giving names, addresses, and telephone numbers.

Last Name	First Name (Preferred Name)	Middle Name	Social Security Number
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Mailing Address (P. O. Box Number or Street Number and Name)	City	State	Zip Code
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Home Phone (Hrs. when can be reached)	Business Phone (Hrs. when can be reached)	Permanent address if different from above:
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Are you a veteran? <input type="checkbox"/> YES <input type="checkbox"/> NO Date of entry into military service _____	Are you related by blood or marriage to any person working for the college?
Separation date _____ Type of separation _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

*Enter below the specific title(s) of the job(s) for which you are applying.
This Section Must Be Completed For Your Application To Be Evaluated.*

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Check the type of work you will accept:

<input type="checkbox"/> Regular full-time	<input type="checkbox"/> Regular part-time	<input type="checkbox"/> Temporary full-time
<input type="checkbox"/> Temporary part-time	<input type="checkbox"/> Work involving travel	<input type="checkbox"/> Irregular hours

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

LIST fields or tasks for which you are licensed, registered, or certified giving date(s) and source(s) of issuance.

EDUCATION

Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

SCHOOLS	Name & Location	No. of Hrs. (Designate Sem. or Qtr.)	Major/Minor	Degree & Date
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HIGH SCHOOL

COLLEGE/UNIVERSITY

GRADUATE

Name: _____
FOR HUMAN RESOURCES OFFICE USE ONLY

WORK HISTORY

(This page may be photocopied as needed to provide a complete work history)

A resume cannot be substituted in lieu of the work history.

Current or Last Employer: Address: May We Contact Employer?
YES NO

Job Title: Supervisor: Phone No. No. Supervised by You:

Date Employed (mo./yr.) Starting Salary Ending Salary Reason for Leaving
\$ per \$ per

Date Separated (mo./yr.) Duties:

Full Time Years Months

Part Time Years Months

If part time, number of hours worked per week

Current or Last Employer: Address: May We Contact Employer?
YES NO

Job Title: Supervisor: Phone No. No. Supervised by You:

Date Employed (mo./yr.) Starting Salary Ending Salary Reason for Leaving
\$ per \$ per

Date Separated (mo./yr.) Duties:

Full Time Years Months

Part Time Years Months

If part time, number of hours worked per week

Current or Last Employer: Address: May We Contact Employer?
YES NO

Job Title: Supervisor: Phone No. No. Supervised by You:

Date Employed (mo./yr.) Starting Salary Ending Salary Reason for Leaving
\$ per \$ per

Date Separated (mo./yr.) Duties:

Full Time Years Months

Part Time Years Months

If part time, number of hours worked per week

EQUAL OPPORTUNITY INFORMATION

Southeastern Community College policy prohibits discrimination based on age, race, sex, color, religion, national origin, disability or political affiliation. The information requested below will not be used in the selection process. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

Section A

NAME: _____

POSITION(S) FOR WHICH APPLIED:

1. _____ 3. _____
2. _____ 4. _____

WHERE DID YOU LEARN ABOUT THE POSITION OPENING(S)?

- Newspaper _____ Internet Site: _____
 SCC Website Friend/Relative
 SCC Bulletin Board Other: _____

DATE OF BIRTH

SEX – PLEASE CHECK ONE

____ (Mo) ____ (Day) ____ (Year)

____ (Male) ____ (Female)

ETHNIC GROUP

1. _____ White – Non-Hispanic
2. _____ Black – Non-Hispanic
3. _____ American-Indian or Alaskan Native
4. _____ Hispanic (Mexican, Puerto Rican, Cuban, Central or South America, other Spanish origin regardless of race)
5. _____ Asian or Pacific Islands

Section B

Can you perform the essential functions of the job(s) for which you are applying? _____ YES _____ NO

*If no, can you perform the essential functions of the job with a reasonable accommodation? _____ YES _____ NO

*Have you ever been dismissed, suspended, or asked to resign from a position? _____ YES _____ NO

*Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? _____ YES _____ NO

*Have you ever been convicted of a charge other than a misdemeanor or plead no contest to such a charge?
(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(s) for which you are applying.) _____ YES _____ NO

*(If you responded “yes” to one or more of these questions, explain fully on additional sheet for each “yes” response.)

Southeastern Community College

Release Authorization

Southeastern Community College is an affirmative action, equal opportunity employer providing equal employment and advancement to qualified persons without regard to age, race, sex, color, religion, national origin, disability or political affiliation.

I, the undersigned, in consideration of my application for employment do hereby authorize Southeastern Community College (SCC) to conduct, at its discretion, an investigation into my personal and employment history which may include but not be limited to criminal history, motor vehicle driving record, educational verification, employment history, and credit report.

I hereby authorize employers, agencies, personal references and other persons with whom I am acquainted to answer all questions and release all information concerning my employment record, character, reputation, ability, education, military service, credit history, and other applicable records.

Furthermore, I release, indemnify, and forever hold harmless SCC or their agents and former employers, their agents, or assigns, from any and all claims and/or liabilities that may arise as a result of these investigations, and from any claim or liability which results from any physical examination, drug testing procedure, x-rays, or other medical diagnostic procedures conducted by them or their suppliers. Further, I release, indemnify, and forever hold harmless any person, corporation, company, institution, or individual and their agents and assigns who may act upon the authority of this release.

I certify that all of the statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information, omissions, or misrepresentation given in my application, attachments, or interview(s) may be grounds for rejection of my application and/or immediate dismissal if I am employed. I understand that the information requested below regarding sex, race and date-of-birth is for the sole purpose of gathering the above background information accurately and will not be used to discriminate against me in violation of the law. A facsimile (FAX) or photocopy of this authorization shall be as valid as the original.

Applicant's Full Name

(Unsigned applications will not be processed.)

Social Security Number

Maiden or Other Name Used

Driver's License Number/State Issued

Address

Date of Birth

Sex

Race

City/State/Zip Code

Applicant's Signature

Date