

When completing this application, please make sure you:

1. Complete the Equal Opportunity Information page.
2. Give complete information on your education and work history.
3. List separately each job held and your duties for each position. *(Do not place "refer to/see resume" on the application.)*
4. Sign and date your application.
5. Partly completed and/or unsigned applications will not be considered.



CLICK ON YELLOW CALLOUT BUTTONS FOR MORE INFORMATION.

Required: Applicants for full-time and part-time faculty positions are to submit a statement of their philosophy of teaching and learning as it relates to the community college setting.

All full-time positions require drug screening and criminal records check.

GENERAL INFORMATION

Please Print in Blue or Black Ink

					Date of Application				
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		e-mail			
Are you related by blood or marriage to any person working for ACC? <input type="checkbox"/> No <input type="checkbox"/> Yes—Name and Relationship _____ Have you ever worked for ACC before? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, _____ Number _____ State _____ If hired, can you furnish proof you are eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Military Service									
Have you served in the Armed Forces of the United States on active duty for reasons other than training? <input type="checkbox"/> Yes <input type="checkbox"/> No Give dates of your active military service Entered _____ Separated _____ Branch _____ Rank _____ Are you a member of the military reserves? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch _____									
Position(s) Applied For									
Enter below the specific title(s) of the position(s) for which you are applying.									
1. _____ 2. _____ 3. _____									
Check the type of work you will accept									
<input type="checkbox"/> Regular Full-Time <input type="checkbox"/> Temporary Full-Time <input type="checkbox"/> All of the preceding <input type="checkbox"/> Temporary Part-Time <input type="checkbox"/> Work involving travel									
If you are not available for work now, enter the earliest date you could begin work (mo/day/yr) _____									
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									
Under S/Q Hrs, list the hours of credit received and if they were semester (s) or quarter (q) hours. If vocational, also give number of classroom hours.									
Schools	Name and Location				Did you graduate?	S/Q Hrs	Major/Minor Course Work		Type of Degree Rec'd
High School/GED						N/A	N/A		
Business/Trade School									
College(s) University(ies)									
Graduate or Professional									
Graduate or Professional									

Special training programs and seminars you have completed and/or attended in the last five years (list)

Membership in professional, honorary, or technical organizations (list)

Licenses and certifications (List, giving dates and sources of issuance.)

Skills (Check the following skills, experiences, etc. which you have)

Microsoft Access or other D Base _____
 Sign language
 MS Word or other word processing _____
 Braille skills
 MS Excel or other spreadsheet _____
 Typing (specify WPM) _____
 MS PowerPoint or other presentation software _____
 Other _____
 Foreign language (specify) _____

If you answer "Yes" to any of the questions below, please provide a detailed explanation on a separate sheet of paper.

1. Have you ever been found guilty of any violation of law other than a minor traffic ticket? (If you have been convicted of driving while impaired, or driving with a revoked license, you must answer "Yes" to this question.) YES NO
2. Have you ever pleaded guilty, pleaded no contest, received a Dismissal with Leave, a Prayer for Judgment, a Prayer for Judgment (continued), or entered into a Deferred Prosecution agreement for any charged violation of the law other than a minor traffic ticket? YES NO
3. Do you have criminal charges or procedures pending against you? YES NO
4. Are you currently under an obligation to perform, or have you ever performed, community service? YES NO
5. Are you currently on, or have you ever been sentenced to, supervised or unsupervised probation? YES NO

WORK HISTORY (include military and volunteer experience) Use additional sheets if necessary.

Current or Last Employer			Address			
Job Title			Supervisor's name		Telephone No.	No. Supervised by You
Date Employed (mo/yr)	Starting Salary		Ending/Current Salary	Reason for Leaving		May We Contact Employer?
	\$ per		\$ per			<input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr)	List major duties in order of their importance in the job					
Full Time	Years	Months	_____			
Part Time	Years	Months	_____			
If part time, number of hours worked per week			_____			

Employer			Address			
Job Title			Supervisor's name		Telephone No.	No. Supervised by You
Date Employed (mo/yr)	Starting Salary		Ending/Current Salary	Reason for Leaving		May We Contact Employer?
	\$ per		\$ per			<input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr)			List major duties in order of their importance in the job _____ _____ _____ _____			
Full Time	Years	Months				
Part Time	Years	Months				
If part time, number of hours worked per week						

Employer			Address			
Job Title			Supervisor's name		Telephone No.	No. Supervised by You
Date Employed (mo/yr)	Starting Salary		Ending/Current Salary	Reason for Leaving		May We Contact Employer?
	\$ per		\$ per			<input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr)			List major duties in order of their importance in the job _____ _____ _____ _____			
Full Time	Years	Months				
Part Time	Years	Months				
If part time, number of hours worked per week						

Employer			Address			
Job Title			Supervisor's name		Telephone No.	No. Supervised by You
Date Employed (mo/yr)	Starting Salary		Ending/Current Salary	Reason for Leaving		May We Contact Employer?
	\$ per		\$ per			<input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr)			List major duties in order of their importance in the job _____ _____ _____ _____			
Full Time	Years	Months				
Part Time	Years	Months				
If part time, number of hours worked per week						

Employer			Address			
Job Title			Supervisor's name		Telephone No.	No. Supervised by You
Date Employed (mo/yr)	Starting Salary \$ per		Ending/Current Salary \$ per	Reason for Leaving		May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr)	List major duties in order of their importance in the job					
Full Time	Years	Months	_____			
Part Time	Years	Months	_____			
If part time, number of hours worked per week			_____			

Employer			Address			
Job Title			Supervisor's name		Telephone No.	No. Supervised by You
Date Employed (mo/yr)	Starting Salary \$ per		Ending/Current Salary \$ per	Reason for Leaving		May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date Separated (mo/yr)	List major duties in order of their importance in the job					
Full Time	Years	Months	_____			
Part Time	Years	Months	_____			
If part time, number of hours worked per week			_____			

Conditions of Employment

1. Employment with Alamance Community College (ACC) is conditional pending approval by ACC Board of Trustees. Failure to provide accurate and complete information on this application shall be grounds for disqualification for employment or immediate dismissal in the event you are employed.
2. Under Federal law, a new employee must complete the Employee section of the Employment Eligibility Verification (Form I-9) within three days of assuming his/her duties and must produce documentation establishing his/her authorization to work in the United States.
3. It is the policy of Alamance Community College to maintain a safe, drug-free workplace. As a condition of employment you will be required to submit to a drug screening at the College's expense.

Fair Labor Standards Act of 1938

I do hereby acknowledge that as part of the terms and conditions of my employment with Alamance Community College, I understand that I may be required to work more than forty hours in a work week. If I am considered a nonexempt employee, I further understand that, in lieu of overtime compensation, I will receive compensatory time off at the rate of one and one-half hours for each hour of employment for which overtime compensation is required by the Fair Labor Standards Act of 1938.

Signature of Applicant _____

Date _____

Assurance

Alamance Community College does not discriminate against any person on the basis of race, sex, color, religion, national origin, citizenship status, age, or handicap in any of its educational or employment programs or activities

I certify that all information provided in this application is true and correct to the best of my knowledge. I understand that misrepresentation or failure to fully disclose information requested in this application shall disqualify me from consideration, or subject me to disciplinary action up to and including dismissal in the event I am employed at the time it is discovered. I understand that my application will remain on file for six months. I agree that if any information or answers to questions change either before or after employment, I will notify the Human Resources Office in writing immediately. I authorize the President of the College to conduct reference and background checks. I have read and understand the conditions of employment stated above.

Signature of Applicant _____ Date _____

Return Completed Application to:

Alamance Community College, Human Resources, P.O. Box 8000, Graham, NC 27253-8000 • (336) 506-4245

Incomplete applications will not be processed.

An Equal Opportunity College

LAST NAME

FIRST

MIDDLE

DATE

ACC policy prohibits discrimination based on race, sex, color, creed, national origin, age or handicap. 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.

CHECK ONE

MALE

FEMALE

ETHNIC GROUP

- WHITE (non-Hispanic)
- AFRICAN-AMERICAN
- ASIAN
- HISPANIC (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
- AMERICAN INDIAN (including Alaskan native)
- OTHER

SIGNATURE

Referral Source

Advertisement (check appropriate)

- | | |
|---|---|
| <input type="checkbox"/> Burlington Times-News | <input type="checkbox"/> Employment Security Commission |
| <input type="checkbox"/> Greensboro News & Record | <input type="checkbox"/> Employee |
| <input type="checkbox"/> Chapel Hill Advocate | <input type="checkbox"/> Walk-In |
| <input type="checkbox"/> Durham Herald & Sun | <input type="checkbox"/> Relative |
| <input type="checkbox"/> Raleigh News & Observer | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Greater Diversity News | <input type="checkbox"/> Name of Source (if applicable) |
- _____

Position applied for _____