



Application for Employment

Please type or print

Human Resources Department, 185 Freedlander Drive, Clyde, North Carolina 28721
Phone: (828) 627-4529 FAX: (828) 627-3606 Website: www.haywood.edu

All information is required and application must be complete for consideration.

Date	
Name	_____
	(First) (Middle) (Last)
Street	_____
City	State Zip Code
Telephone	Business () Residence ()
Cell Number	E-Mail Address

Please write in the position for which you are applying _____

Applications for full-time employment will be accepted in response to an advertised job opening and will be kept active for the duration of the specific job search.

Do you desire: Full-time Part-time

Date available for work: _____
(or notice required at present employment)

Do you have any commitments to another employer that might affect your employment with the college? (For instance, do you hold another job that you intend to keep?) List days and times that would present a conflict.

Have you been employed by HCC before? Yes No If yes, list details

Skills: List computer software in which you are **proficient** _____

List computer software in which you are **familiar**, but not proficient _____

List equipment you can operate (related to the position(s) for which you are applying)

Drivers License Number and State _____ Type/Class _____

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

Educational Data

Circle highest grade completed:

1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Graduate School: 1 2 3 4

School	List Name and Address of each Institution Attended	List Type of Degree Received	Date Degree Received	Major or Type of Course
High School				
Technical, Junior or Community College				
Four-Year College or University				
Graduate School				
Other				

A copy of a transcript of college credits is required for all positions. This copy will not be returned. Official transcripts and copies of licensure or certification will be required if hired by the College.

Have you ever been convicted or plead guilty to a criminal offense other than a minor traffic violation? Yes No

If yes, please explain: (An affirmative answer will not automatically disqualify you from being considered as a candidate for employment. Use additional sheets if necessary.)

Employment of Relatives

Are any of your relatives employed by the college(s)? Yes No If yes, list name, relationship and position

Military Service

Have you served honorably in the Armed Forces on active duty for reasons other than training? Yes No

Do you wish to declare a service-connected disability? Yes No

At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service related reasons? Yes No

Do you wish to declare eligibility for veteran's preference as the spouse of a disabled veteran? Yes No

Give dates of your (or your spouse's) qualifying active military service:

Entered: _____ Separated: _____ Branch: _____ Where? _____

Rank: _____ Please attach documentation of active duty.

Are you a member of the Military Reserves?

Branch _____ Rank _____ Where? _____ Please attach documentation of reserve duty.

AGENCY USE ONLY

ELIGIBLE FOR VETERAN'S PREFERENCE: YES NO

Employment Complete all information (list most current employer first). “See resume” is not acceptable.

***Indicate any employers that you prefer the college not contact.**

Company Name	Telephone ()
Address	Employed - (Month & Year) From To
Name of Supervisor	Title of Supervisor
	Salary Start Ending
Your Job Title	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Description of Your Work	Reason for Leaving
Company Name	Telephone ()
Address	Employed - (Month & Year) From To
Name of Supervisor	Title of Supervisor
	Salary Start Ending
Your Job Title	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Description of Your Work	Reason for Leaving
Company Name	Telephone ()
Address	Employed - (Month & Year) From To
Name of Supervisor	Title of Supervisor
	Salary Start Ending
Your Job Title	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Description of Your Work	Reason for Leaving
Company Name	Telephone ()
Address	Employed - (Month & Year) From To
Name of Supervisor	Title of Supervisor
	Salary Start Ending
Your Job Title	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
Description of Your Work	Reason for Leaving

Professional References

(Must provide all contact information. Do not list friends/relatives)

Name	Address	City	State	Zip	Telephone (Daytime)

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, etc. *(You may exclude all information indicative of age, sex, race, religion, color, national origin, or personal disability.)*

Please read the following statements carefully:

Note: This application form was designed for use by persons applying for various types of positions clerical, professional, technical, administrative, and other. Resumes may be attached; however a resume may not be substituted for this application and this application must be completed in its entirety, or it may be rejected by the College. Please answer all questions to the best of your ability. Official transcripts and copies of licensure or certification will be required if hired by the college. Applicants must be able to document U.S. Citizenship or eligibility for employment if hired.

I certify that all of the statements 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 authorize the college or its designee to investigate all statements and information provided on this application or attached thereto. I understand that false information or the omission of relevant information may be grounds for rejection of my application and/or dismissal if employed. I release from all liability and agree to hold harmless, all former employers, references, and persons providing information about my experience, education and abilities. I understand and grant permission for the college to perform a background investigation, sexual offender, credit report (if applicable) and obtain any documentation necessary.

Thank you for your interest in the college. It is the goal of the college to strive for excellence and to find the best qualified people available. Although everyone who applies cannot be hired, your application will be given every consideration. Applications are kept on active file for two years unless updated by the applicant.

Equal Opportunity Employer

Signature

Date

Applicants for Academic or Administrative Positions

Employees at Haywood Community College are committed to practicing and teaching workforce development skills. Please write a statement concerning your philosophy of education as it relates to the community college and explain how you will be able to incorporate teamwork, responsibility, problem solving, information processing and adaptability to the position for which you are applying.

Signature

Date

Equal Employment Opportunity Information

Haywood Community College prohibits discrimination based on race, sex, color, creed, national origin, age, or disability. The information requested below will in no way affect you as an applicant. Haywood is required by the Federal Government to collect this information. It will be used to see how well our recruitment efforts are reaching all segments of the population. This information will be filed separately from your application.

Date of Birth

(mo) (day) (year)

Check One

Sex M F

Ethnic Group

- White (non-Hispanic) Asian or Pacific Islander
 Black (non-Hispanic) Native American or Alaskan Native
 Hispanic

How were you referred to HCC:

- Newspaper Ad College On my own
 Current Employee Agency Other
 NCCCS Publication ESC Internet

Name of referral source:

Name (Print)

Signature

Date



CRIMINAL BACKGROUND INVESTIGATION

Disclosure

Haywood Community College requires a criminal background and sexual offender investigation as a condition of employment for those employed by the College. This investigation is conducted by a third party Consumer Reporting Agency. The information contained in this report may be used by the College for the purpose of evaluating you for employment.

You may request additional disclosures about the nature and scope of the investigation as well as a written copy of your rights under the Fair Credit Reporting Act. If any adverse action is proposed based upon the information in the report, you will be notified and provided a copy of the report and an opportunity to dispute inaccurate or incomplete information. An applicant not hired based upon information contained in the consumer report will be notified of this action.

Authorization

I hereby authorize Haywood Community College and its agents to obtain any criminal and sexual offender history information pertaining to me including outstanding warrants, charges and dispositions of any felony or misdemeanor charge which may be found in the files of any state or local criminal agency or court.

Print your FULL LEGAL NAME:

(First): _____ (Middle): _____

(Last): _____ (Maiden/Alias): _____ (Required)

Address: _____

Social Security Number: _____

Drivers License Number and State of Issuance: _____

For identification purposes only:

Date of Birth: Month Day Year Race Gender

Signature _____ Date _____

*Please return this form to Haywood Community College
or fax to 828-627-3606 and mail the original to the College.*