



Application for Employment
 Nash Community College
 Old Carriage Road
 PO Box 7488
 Rocky Mount, North Carolina 27804
 (252) 443-4011

Revision 7/2016

(An Equal Opportunity/Affirmative Action Employer/ADA)

Date _____

1. POSITION APPLIED FOR: _____ SUBJECT AREA _____

Are you available to work – (Please check choice)

_____ Full Time _____ Part Time _____ Day _____ Evening _____ 9 months _____ 12 months

2. PERSONAL DATA

NAME - (LAST) _____ (FIRST) _____ (MIDDLE) _____

ADDRESS _____ (CITY) _____

(STATE) _____ (ZIP) _____

TELEPHONE: HOME (____) _____ WORK (____) _____

Email Address _____

Have you ever been employed by Nash Community College? _____ Yes _____ No

WHEN _____ POSITION _____

List names and relationships of any family members employed by Nash Community College.

Have you ever been convicted of a crime, either misdemeanor or felony? Include traffic violations only if the position requires driving.

3. EDUCATIONAL EXPERIENCE

A COPY OF TRANSCRIPTS, LICENSURE OR CERTIFICATION AS APPLICABLE IS REQUIRED BEFORE THIS APPLICATION CAN BE PROCESSED.

A. High School _____ Address _____

Years completed 9 10 11 12 Equivalency (check one)

B. Vocational School _____

Address _____

Course or Major _____ Degree/Certificate _____ Years Completed _____

C. Technical School/Community/Junior College _____

Address _____

Course or Major _____ Degree/Certificate _____ Years Completed _____

D. College/University _____

Address _____

Course or Major _____ Degree/Certificate _____ Years Completed _____

E. Graduate/Professional School _____

Address _____

Course or Major _____ Degree/Certificate _____ Years Completed _____

F. Post Graduate/Professional School _____

Address _____

Course or Major _____ Degree/Certificate _____ Years Completed _____

4. PROFESSIONAL ACHIEVEMENTS AND ACTIVITIES

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

Licensure _____ Issuing Agency _____ Expiration Date _____

Certification _____ Issuing Agency _____ Expiration Date _____

Registration _____ Issuing Agency _____ Expiration Date _____

List Professional Recognition, Current Professional Memberships, Committee Work, Publications, Civic Activities, Hobbies, etc.:

5. SECRETARIAL/CLERICAL POSITIONS If applicable to the position for which you are applying, indicate if you have had course work or job experience in the following:

	COURSE	JOB		COURSE	JOB
TELEPHONE SWITCHBOARD	___	___	BOOKKEEPING	___	___
CALCULATOR	___	___	ACCOUNT RECEIVABLE	___	___
COMPUTER OPERATIONS	___	___	PAYROLL PROCEDURE	___	___
WORD PROCESSOR	___	___			
TYPEWRITER WPM ___	___	___	INVENTORY PRODECURE	___	___
FILING	___	___			
BILLING	___	___	BUSINESS LETTER WRITING	___	___

6. EMPLOYMENT RECORD

Answer questions for each period of employment. Failure to give completed information may result in rejection of your application. Begin with present or last position. If more space is needed, use a continuation sheet.

Title of position _____ Starting Salary _____ Last Salary _____

Name and title of supervisor _____

Name of employer _____

Date employed _____

Date separated _____

Full Time Years _____ Months _____

Part Time Years _____ Months _____

Address _____ Telephone _____

Duties _____

Reason for leaving _____

Title of position _____ Starting Salary _____ Last Salary _____

Name and title of supervisor _____

Name of employer _____

Date employed _____

Date separated _____

Full Time Years _____ Months _____

Part Time Years _____ Months _____

Address _____ Telephone _____

Duties _____

Reason for leaving _____

Title of position _____ Starting Salary _____ Last Salary _____

Name and title of supervisor _____

Name of employer _____

Date employed _____

Date separated _____

Full Time Years _____ Months _____

Part Time Years _____ Months _____

Address _____ Telephone _____

Duties _____

Reason for leaving _____

7. Please tell us if you are receiving a monthly benefit from any of the systems below.

YES, I am currently receiving a monthly benefit from the following: (check all that apply)

- Teachers' and State Employees' Retirement System (TSERS)
- Local Governmental Employees' Retirement System (LGERS)
- Consolidate Judicial Retirement System (CJRS)
- Legislative Retirement System (LRS)
- Disability Income Plan of North Carolina (DIPNC)

NO, I am not currently receiving a monthly benefit from any of the above listed systems.

8. REFERENCES

List the names of three (3) individuals, other than relatives, we may contact for references. Two (2) of the reference sources should be job-related.

1. Name _____ Address _____ Telephone _____

2. Name _____ Address _____ Telephone _____

3. Name _____ Address _____ Telephone _____

STATEMENT OF SELECTIVE SERVICE REGISTRATION COMPLIANCE

A. I certify that I am not required to be registered with the Selective Service because (check one):

- I am a female
- I am under the age of 18
- I am permanent resident of the Trust Territory of the Pacific Island or the Northern Mariana Islands
- I am in the armed services on active duty. (Note: members of the Reserve and National Guard are not considered on active duty)
- I was born before 1960
- I am a non-immigrant alien
- I am presently in the Reserves
- I have annual obligations related to the Reserves

B. I certify that I am registered with Selective Service _____

DECLARATION OF APPLICANT:

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am aware that should an investigation disclose any misrepresentation, omission, or falsification, my application may be rejected, or if already employed, my employment may be terminated.

I understand that North Carolina is an employment at will state. Although it is desirable for employees of Nash Community College to form long-standing employment relationships with the College, either the employee or the College may terminate the relationship at any time, for any reason, with or without notice. Neither the College policies or practices nor its employee procedures are intended to alter an employee's at will relationship.

I permit Nash Community College to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release Nash Community College, my former employers & all other persons from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Print Full Name _____ Date _____

Applicant's Signature _____ (Signature not required for electronic submission)

BEFORE SUBMITTING YOUR APPLICATION, PLEASE CHECK TO SEE IF YOU HAVE:

1. Completed a separate application for each position for which you are applying
2. Answered all inquiries
3. Listed all information correctly
4. Signed and dated your application
5. Included transcripts, licensures or certifications

Your interest in Nash Community College is very much appreciated. The college wants to find the best qualified people available. Although everyone who applies cannot be hired, your application will be given every consideration. Thank you for offering your services to Nash Community College.

Nash Community College does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The following have been designated to handle inquiries regarding the non-discrimination policies:

Lindsay Stokes
Director of Counseling & Disability Services
522 North Old Carriage Road
Rocky Mount, NC 27804

Mrs. Michelle Noyes
Director of Human Resources
522 North Old Carriage Road
Rocky Mount, NC 27804

EQUAL OPPORTUNITY INFORMATION This data is requested to help us comply with government regulations and record keeping requirements and to determine that we are reaching all segments of the population with our recruitment efforts. This form will be kept in a confidential file separate from your Application for Employment. **SUBMISSION IS VOLUNTARY.**

Name _____

Birthdate _____ Sex – Male Female

Ethnic Group

- White (Caucasian, non-Hispanic)
- Black
- American Indian (including Alaskan native)
- Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
- Asian (including Pacific Islander)

Handicap: A handicap is any impairment, which substantially limits a major life function. This information is optional. Failure to provide it will not subject you to any adverse treatment. It will be maintained confidentially.

- Visual impairment / blindness
- Hearing impairment / deafness
- Cardiovascular disorder
- Emotional / mental disorder
- Nervous system / neurological disorder (ex: epilepsy)
- Respiratory impairment
- Loss or impairment of upper or lower limbs