



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

Revision 11/2017

(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 \_\_\_\_\_

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 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 \_\_\_\_\_ Year Awarded \_\_\_\_\_

C. Technical School/Community/Junior College \_\_\_\_\_

Address \_\_\_\_\_

Course or Major \_\_\_\_\_ Degree/Certificate \_\_\_\_\_ Year Awarded \_\_\_\_\_

D. College/University \_\_\_\_\_

Address \_\_\_\_\_

Course or Major \_\_\_\_\_ Degree/Certificate \_\_\_\_\_ Year Awarded \_\_\_\_\_

E. Graduate/Professional School \_\_\_\_\_

Address \_\_\_\_\_

Course or Major \_\_\_\_\_ Degree/Certificate \_\_\_\_\_ Year Awarded \_\_\_\_\_

F. Post Graduate/Professional School \_\_\_\_\_

Address \_\_\_\_\_

Course or Major \_\_\_\_\_ Degree/Certificate \_\_\_\_\_ Year Awarded \_\_\_\_\_

**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. SKILLS**

List of related skills to the position(s) for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 of employer \_\_\_\_\_ Telephone \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_

Address \_\_\_\_\_

Date employed \_\_\_\_\_ Full Time Years \_\_\_\_\_ Months \_\_\_\_\_

Date separated \_\_\_\_\_ Part Time Years \_\_\_\_\_ Months \_\_\_\_\_

Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Title of position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Name of employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Name and title of supervisor \_\_\_\_\_

Address \_\_\_\_\_

Date employed \_\_\_\_\_ Full Time Years \_\_\_\_\_ Months \_\_\_\_\_

Date separated \_\_\_\_\_ Part Time Years \_\_\_\_\_ Months \_\_\_\_\_

Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Title of position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Name of employer \_\_\_\_\_ Telephone \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_

Address \_\_\_\_\_

Date employed \_\_\_\_\_ Full Time Years \_\_\_\_\_ Months \_\_\_\_\_

Date separated \_\_\_\_\_ Part Time Years \_\_\_\_\_ Months \_\_\_\_\_

Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Title of position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_

Name of employer \_\_\_\_\_ Telephone \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_

Address \_\_\_\_\_

Date employed \_\_\_\_\_ Full Time Years \_\_\_\_\_ Months \_\_\_\_\_

Date separated \_\_\_\_\_ Part Time Years \_\_\_\_\_ Months \_\_\_\_\_

Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving \_\_\_\_\_

## 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. (Check type of reference)

Professional / Personal

1. Name \_\_\_\_\_ Email \_\_\_\_\_ Telephone \_\_\_\_\_  
2. Name \_\_\_\_\_ Email \_\_\_\_\_ Telephone \_\_\_\_\_  
3. Name \_\_\_\_\_ Email \_\_\_\_\_ 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 background history, criminal history, 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:*

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

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