

APPLICATION FOR EMPLOYMENT

(Please Print in Black Ink or Use Typewriter)

Date _____



Equal Opportunity College

P.O. Box 1287

Lexington, North Carolina 27293-1287

Telephone: (336) 249-8186 • (336) 475-7181

Serving Davidson and Davie Counties

I. Position For Which You Are Applying: _____
(Applications are kept in active status for one year)

II. PERSONAL DATA

A. NAME _____
Last First Middle

SOCIAL SECURITY NUMBER _____ - _____ - _____

B. ADDRESS _____
Number or P.O. Box Street

_____ City State Zip Code

C. TELEPHONE: Home (_____) _____
Area Code

Work (_____) _____
Area Code (Provide if you may be contacted at work.)

D. E-MAIL ADDRESS: _____

E. Have you ever been convicted of a criminal offense? YES NO
(The College reserves the right to run criminal background checks on applicants.)

F. Are you related by blood or marriage to any person now working for the College or serving as a College trustee? YES NO
If yes, give name and relationship to you: _____

III. EDUCATIONAL EXPERIENCE (If hired, official transcripts will be required as documentation.)

A. High School _____ Address _____
Years completed: 9 10 11 12 GED (Circle One) Attended from _____ to _____

B. Technical School/College _____ Address _____
Program or Major _____ Degree/Certificate _____
Semester ___ or ___ Quarter Hours Completed: _____ Attended from _____ to _____

C. College/University _____ Address _____
Program or Major _____ Degree _____
Semester ___ or ___ Quarter Hours Completed: _____ Attended from _____ to _____

D. Graduate/Professional School _____ Address _____
Program or Major _____ Degree _____
Semester ___ or ___ Quarter Hours Completed: _____ Attended from _____ to _____

E. Graduate/Professional School _____ Address _____
Program or Major _____ Degree _____
Semester ___ or ___ Quarter Hours Completed: _____ Attended from _____ to _____

F. List other courses, workshops, and educational experiences which relate to the position for which you are applying.

IV. OTHER QUALIFICATIONS:

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

B. List office machines or other equipment you can operate (if applicable):

C. List present speed in words per minute (if applicable): Keyboarding _____

V. REFERENCES

Give names of persons other than relatives whom we may contact for references.

A. Name _____ Title _____
Company/Organization _____ Address _____
Telephone No. _____

B. Name _____ Title _____
Company/Organization _____ Address _____
Telephone No. _____

C. Name _____ Title _____
Company/Organization _____ Address _____
Telephone No. _____

VI. What is the minimum yearly salary you will accept? _____

VII.EMPLOYMENT EXPERIENCE

Begin with your current or most recent job or volunteer experience and work back. A complete history needs to be recorded on the application form and supplemental sheet (if needed). Davidson County Community College does not accept or maintain resumes. NOTE: Resumes will not be accepted and only information provided on the Application for Employment will be considered during the initial process. Upon the request of the College, the applicant may be asked to provide additional detailed information which does not appear on the Application for Employment.

Current or Last Employer			Address		
Job Title			Supervisor's Name		Phone
Date Employed (mo./yr.) From:	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		May We Contact Employer? ____Yes ____No
To: (mo./yr.)	Duties:				
Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					
Employer			Address		
Job Title			Supervisor's Name		Phone
Date Employed (mo./yr.) From:	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		
To: (mo./yr.)	Duties:				
Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					
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To: (mo./yr.)	Duties:				
Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					
Employer			Address		
Job Title			Supervisor's Name		Phone
Date Employed (mo./yr.) From:	Starting Salary \$ per	Ending Salary \$ per	Reason for Leaving		
To: (mo./yr.)	Duties:				
Full Time Years Months					
Part Time Years Months					
If part time, number of hours worked per week:					

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. I authorize verification of all statements made in this application and the release of information to Davidson County Community College. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed.

Signature of Applicant (unsigned applications will not be processed) _____
Date

EMPLOYMENT EXPERIENCE (CONTINUED)

NAME _____

POSITION APPLYING FOR _____

Employer			Address			
Job Title			Supervisor's Name		Phone	
Date Employed (mo./yr.) From:		Starting Salary \$ per	Ending Salary \$ per		Reason for Leaving	
To: (mo./yr.)		Duties:				
Full Time	Years					Months
Part Time	Years					Months
If part time, number of hours worked per week:						
Employer			Address			
Job Title			Supervisor's Name		Phone	
Date Employed (mo./yr.) From:		Starting Salary \$ per	Ending Salary \$ per		Reason for Leaving	
To: (mo./yr.)		Duties:				
Full Time	Years					Months
Part Time	Years					Months
If part time, number of hours worked per week:						
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Full Time	Years					Months
Part Time	Years					Months
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Date Employed (mo./yr.) From:		Starting Salary \$ per	Ending Salary \$ per		Reason for Leaving	
To: (mo./yr.)		Duties:				
Full Time	Years					Months
Part Time	Years					Months
If part time, number of hours worked per week:						

(PRINT ADDITIONAL COPIES AS NEEDED)