

## Application for Employment

### Instructions

For questions concerning positions or the application process, please contact the Office of Human Resources at 828-586-4091 ext. 257

1. Complete application in its entirety (a resume may not be submitted in lieu of this application); incomplete applications may be rejected by the college.
2. For faculty positions, please attach an unofficial copy of transcript
3. Once hired, all employees must submit official transcripts, copies of licensure and/or certifications
4. If hired, applicants must be able to document U.S. citizenship or eligibility for employment.
5. Mail or fax application to address/number listed on top right corner of application

### Date of Application

Today's Date                    /                    /

### Applicant Name and Contact Information

Please print your full name as it appears on your Social Security card:		
First Name	Middle Name (if applicable)	Last Name
List preferred name (or nickname)	List any additional names used while employed or attending school	
Mailing Address (include city, state, and zip code)		
Primary Phone Number	Secondary Phone Number	Other Phone Number
E-mail Address		

### Positions of Interest

Indicate the position(s) for which you are applying:			
1.	2.	3.	4.
Type of employment <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Either/Both		In which counties are you willing to work? <input type="checkbox"/> Jackson <input type="checkbox"/> Macon <input type="checkbox"/> Swain	
Do you have any commitments to another employer (including self-employment) that might affect your employment with the college (i.e. will you maintain another job if employed by Southwestern Community College)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, then please list days and times that would present a conflict:			
Have you been previously employed by Southwestern Community College? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, then please list the position and the dates employed: _____ /   /   -   /   /			
Do you have any relatives employed by the college? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please list:			

## Skills

Please list the following	Computer software in which you are proficient:
	Computer software in which you are familiar but not proficient:
	Keyboarding proficiency (if applicable):
	Equipment you can operate (as it relates to the position(s) for which you are applying):
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please list the type/class _____ and the state of issue _____	
Please list professional licensure, certifications, or registered fields of work (include date(s) and source(s) for issuance)	

## Education

	Name & Location of School/College/University	Type of Degree Earned	Date Degree Earned	Major or Course of Study
High School		<input type="checkbox"/> Diploma <input type="checkbox"/> GED	Do not list	Do not list
Technical, Junior, or Community College		<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> AA Degree <input type="checkbox"/> AAS Degree	/ /	
College or University		<input type="checkbox"/> BA, AB <input type="checkbox"/> BS <input type="checkbox"/> _____	/ /	
Graduate School		<input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> MEd <input type="checkbox"/> _____	/ /	
Additional Education		<input type="checkbox"/> EdD <input type="checkbox"/> PhD <input type="checkbox"/> JD <input type="checkbox"/> _____	/ /	

## Military Service/Veteran's Preference

If declaring veteran's preference, please submit a Report of Separation (DD Form 214, Certificate of Release or Discharge from Active Duty, or similar form used by the military services).	Have you served in the Armed Forces of the United States on active duty, for reasons other than training, and been discharged under other than dishonorable conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you wish to declare a service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you wish to declare eligibility for veteran's preference as the spouse of a disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide the following information regarding the qualifying active military service	
Dates of Service / / - / /	Branch Rank

**HR Use Only:** Eligibility for veteran's preference?  Yes  No

## Experience

Please list most current employer first (this section must be completed in its entirety).

Employer Name	Employer Address		Employer Phone Number
Your Job Title	Name of Supervisor	Title of Supervisor	
Dates of Employment / / - / /	Salary – Start	Salary - End	Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time
Job Description			
Reason for Leaving		Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name	Employer Address		Employer Phone Number
Your Job Title	Name of Supervisor	Title of Supervisor	
Dates of Employment / / - / /	Salary – Start	Salary - End	Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time
Job Description			
Reason for Leaving		Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name	Employer Address		Employer Phone Number
Your Job Title	Name of Supervisor	Title of Supervisor	
Dates of Employment / / - / /	Salary – Start	Salary - End	Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time
Job Description			
Reason for Leaving		Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please indicate any employer you would prefer the college not to contact:

**Experience (continued)**

Employer Name	Employer Address		Employer Phone Number
Your Job Title	Name of Supervisor		Title of Supervisor
Dates of Employment / / - / /	Salary – Start	Salary - End	Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time
Job Description			
Reason for Leaving			Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name	Employer Address		Employer Phone Number
Your Job Title	Name of Supervisor		Title of Supervisor
Dates of Employment / / - / /	Salary – Start	Salary - End	Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time
Job Description			
Reason for Leaving			Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer Name	Employer Address		Employer Phone Number
Your Job Title	Name of Supervisor		Title of Supervisor
Dates of Employment / / - / /	Salary – Start	Salary - End	Type of Employment <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time
Job Description			
Reason for Leaving			Are you eligible for re-hire? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate any employer you would prefer the college not to contact:

## **Education Philosophy Statement**

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Education is our mission. Southwestern Community College expects high standards from both faculty and staff in oral and written communications. Please write a statement concerning your personal philosophy of education, your philosophy toward the community college, and your philosophy in relation to your role in the community college.

## Criminal Background

Please note that a criminal background investigation is conducted on every Southwestern Community College employee.

Have you been convicted of or plead guilty to a misdemeanor or felony criminal offense?

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.)

## References

Please include at least three professional/work references:

Name	E-mail Address	Primary Phone Number	Type of Reference
			Professional
			Professional
			Professional
			<input type="checkbox"/> Personal <input type="checkbox"/> Professional
			<input type="checkbox"/> Personal <input type="checkbox"/> Professional

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. Please **EXCLUDE** all information indicative of age, sex, race, religion, color, national origin, or personal disability.

## Certification

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.

Signature

Date

/ /

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 one year unless updated by the applicant.

**Equal Opportunity Employer**

## Equal Employment Opportunity Information

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Southwestern 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. Southwestern Community College is required by the federal government to collect this information. It will be used to assess how well our recruitment efforts are reaching all segments of the population. This information will be filed separately from your application.

Date of Birth

Sex

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Female  Male

Ethnicity

Hispanic or Latino  Not-Hispanic or Latino

Race

If you checked "Not-Hispanic or Latino", then please select one of the race categories listed below:

White  Asian  
 Black or African American  American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander  Two or more races

Please indicate how you learned of the position:

Southwestern Community College (SCC)  Franklin Press  
 SCC Employee  Smoky Mountain Times  
 NC Community College System Web site  Asheville Citizen Times  
 Employment Security Commission  Other newspaper or Web site \_\_\_\_\_  
 Sylva Herald  Other source \_\_\_\_\_

## Statement of Selective Service Registration Compliance

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Please select one of the following statements:

- I certify that I am not required to be registered with the Selective Service because:
- I am female.
  - I am in the armed services on active duty (Note: Members of the Reserves and National Guard not on full-time active duty must register).
  - I am under the age of 18.
  - I was born before 1960.
  - I am a permanent resident of the Trust Territory of the Pacific Islands or the Northern Mariana Islands.
- I certify that I am registered with the Selective Service.

Print Name

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Signature

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_