

**SOUTHWESTERN  
COMMUNITY COLLEGE**  
*College of the Great Smoky Mountains*

**Application for  
Employment**

Human Resources • 447 College Drive • Sylva, North Carolina 28779  
Phone: (828) 586-4091 FAX: (828) 586-3129  
Web Site: <http://www.southwesterncc.edu>

PLEASE PRINT OR WORD PROCESS  
Application must be complete

Print full legal name below, as it appears on your **Social Security** card: Today's Date: \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle or Maiden)  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Business ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Residence ( ) \_\_\_\_\_  
Fax Number \_\_\_\_\_ E-Mail Address \_\_\_\_\_

**Positions Applied For** Indicate the position(s) for which you are applying in order of preference:

1) \_\_\_\_\_ 3) \_\_\_\_\_  
2) \_\_\_\_\_ 4) \_\_\_\_\_

Do you desire: Full-time  Part-time  Date available for work: \_\_\_\_\_  
(or notice required at present employment)

In which counties are you willing to work? Jackson  Macon  Swain

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 SCC 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 \_\_\_\_\_

Describe your keyboarding proficiency (if applicable) \_\_\_\_\_

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

Valid Drivers License? Yes or No \_\_\_\_\_ Type/Class \_\_\_\_\_ State of issue \_\_\_\_\_

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

## Educational Data

Mark 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 professional and faculty positions. This copy will not be returned. Official transcripts and copies of licensure or certification will be required if hired by the College.

## Military Experience

Were you in the U.S. Armed Forces? Yes  No  If yes, what branch? \_\_\_\_\_

Dates of Duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank at Separation \_\_\_\_\_

Briefly describe your military duties or training if relevant to the position for which you are applying:

## General Information

Have you ever been convicted of or plead guilty to a misdemeanor or felony criminal offense? Yes  No

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

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

**Employment**complete all blocks, even if a resume is attached

(list most current employer first)

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

Indicate any employers that you prefer the college not contact:

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# **Applicants for Academic or Administrative Positions**

Education is our business. 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.

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Signature

Date

# Equal Employment Opportunity Information

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 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        
Month Day Year

Sex  Male  Female

Race/Ethnicity  1 White (not of Hispanic origin)  5 Asian or Pacific Islander  
 2 Black (not of Hispanic origin)  6 American Indian or Alaska Native  
 3 Hispanic

Indicate how you learned of the position:

SCC Campus/Web site  SCC Employee  
 ESC  Sylva Herald  
 Franklin Press  Asheville Citizen Times  
 Smoky Mountain Times  Mountain Xpress  
 Other Newspaper \_\_\_\_\_  Other Source \_\_\_\_\_

## Statement of Selective Service Registration Compliance

(Check A or B)

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

\_\_\_\_\_ 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.

**B.** \_\_\_\_\_ I certify that I am registered with the Selective Service.

Name (Print)

Signature

Date