

EMPLOYMENT APPLICATION

Bladen Community College

7418 NC HWY 41 WEST • PO BOX 266 DUBLIN, NORTH CAROLINA 28332
 PHONE (910) 879-5500 • FAX (910) 879-5564 • website <http://www.bladen.cc.nc.us>

DATE _____

SPECIFIC TITLE OF POSITION APPLIED FOR _____

(A **SEPARATE** APPLICATION FORM MUST BE COMPLETED FOR **EACH** POSITION FOR WHICH YOU ARE APPLYING.)

Are you available to work

FULL-TIME PART-TIME

9 MONTHS 12 MONTHS
(for teaching positions only)

2. PERSONAL DATA

NAME _____

LAST

FIRST

MIDDLE

PREFERRED NAME _____ EMAIL ADDRESS _____

ADDRESS _____

STREET NUMBER OR PO BOX

CITY

STATE

ZIP

TELEPHONE: HOME() _____ WORK() _____

HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE AGAINST THE LAW OTHER THAN A MINOR TRAFFIC VIOLATION?

(If yes, explain fully on an additional sheet.) (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

YES NO

Have you filled out an application here before? YES NO

Have you worked here before? YES NO

WHEN _____ POSITION _____

WHEN _____ POSITION _____

Are you legally eligible to work in the United states? YES NO

Are you at least 18 years of age? YES NO

List names and relationships of any family members who work here.

Name _____

Relationship _____

Name _____

Relationship _____

3. EDUCATION

A copy of transcripts, licensure or certification as applicable is required before this application can be processed.

Circle Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

GED

College 1 2 3 4

Graduate School 1 2 3 4

Schools	Name and Location	Graduate	Major/Minor Course Work	Type of Degree Received	DO NOT COMPLETE C.L.S
High School		Yes No			
Technical School/College		Yes No			
College(s) University(ies)		Yes No			
Graduate or Professional		Yes No			
Other Education		Yes No			

Licenses and Certifications. Give dates and sources of issuance. _____

4. EMPLOYMENT EXPERIENCE A resume may not be used as a substitute but may be attached.

For each position, indicate number of people you supervised if any and type of supervision (ex. Line, functional, technical). In listing prior work experience, include military and volunteer service. Use additional paper if more space is needed.

Present or Last Employer _____ Job Title _____

Employer's Address _____ Supervisor _____ Telephone _____

Dates Worked: From _____ to _____ Full-time _____
month / year month / year Total Number Years / Months

Starting Salary _____ Ending Salary _____ Part-time _____
Total Number Years / Months

Duties: _____
Number of hours per week

Reason for Leaving: _____

If currently working here, may we contact this employer for a reference? YES NO

Next Employer _____ Job Title _____

Employer's Address _____ Supervisor _____ Telephone _____

Dates Worked: From _____ to _____ Full-time _____
month / year month / year Total Number Years / Months

Starting Salary _____ Ending Salary _____ Part-time _____
Total Number Years / Months

Duties: _____
Number of hours per week

Reason for Leaving: _____

Next Employer _____ Job Title _____

Employer's Address _____ Supervisor _____ Telephone _____

Dates Worked: From _____ to _____ Full-time _____
month / year month / year Total Number Years / Months

Starting Salary _____ Ending Salary _____ Part-time _____
Total Number Years / Months

Duties: _____
Number of hours per week

Reason for Leaving: _____

Next Employer _____ Job Title _____

Employer's Address _____ Supervisor _____ Telephone _____

Dates Worked: From _____ to _____
month / year month / year

Full-time _____
Total Number Years / Months

Starting Salary _____ Ending Salary _____

Part-time _____
Total Number Years / Months

Duties: _____
Number of hours per week

Reason for Leaving: _____

Next Employer _____ Job Title _____

Employer's Address _____ Supervisor _____ Telephone _____

Dates Worked: From _____ to _____
month / year month / year

Full-time _____
Total Number Years / Months

Starting Salary _____ Ending Salary _____

Part-time _____
Total Number Years / Months

Duties: _____
Number of hours per week

Reason for Leaving: _____

Next Employer _____ Job Title _____

Employer's Address _____ Supervisor _____ Telephone _____

Dates Worked: From _____ to _____
month / year month / year

Full-time _____
Total Number Years / Months

Starting Salary _____ Ending Salary _____

Part-time _____
Total Number Years / Months

Duties: _____
Number of hours per week

Reason for Leaving: _____

Background Investigation

I, _____, do hereby grant by signature below, Bladen Community College the authority to conduct a Criminal Background Investigation for purpose of employment. I am providing the identifying information as listed in this authorization to conduct this investigation.

Name _____

Address _____

Social Security Number _____

Date of Birth _____

Signature _____

Date _____

Please List Three Professional References

Name: _____

Address: _____

_____ Telephone () _____ Fax () _____

Name: _____

Address: _____

_____ Telephone () _____ Fax () _____

Name: _____

Address: _____

_____ Telephone () _____ Fax () _____

EQUAL OPPORTUNITY INFORMATION

The information requested below is to help us determine how well our recruiting efforts are reaching all segments of the population. It will in no way affect you as an applicant. **SUBMISSION IS VOLUNTARY.**

DATE OF BIRTH _____
Month Day Year

SEX Male Female

ETHNIC GROUP

- White (Caucasian, non-Hispanic)
- African-American
- 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
- Disabling diseases (arthritis, diabetes, etc.)
- Other (explain) _____

Please indicate your referral source:

- Job Posting/Employee at BCC
- NC Employment Security Commission
- Job Posting at other College/University
- Newspaper – Name _____
- Internet – Which site _____
- Other _____