

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 _____

Have you ever been dismissed or forced to resign from a prior job? YES NO If yes, explain in detail (Use an additional sheet of paper if necessary)

5. OTHER QUALIFICATIONS AND TRAINING

Describe other special qualifications; skills with tools, machines, and equipment; and courses, workshops, or other training relative to the position for which you are applying.



Bladen Community College does not pay for interview travel costs and/or relocation.

Applicants for faculty positions who accept an interview will be asked to demonstrate proficiency in oral and written communications in the language in which the assigned courses will be taught.

Applicants for positions which require a specific degree, certification, or license will be required to have **official transcripts** or documentation on file with the College prior to their hire date.

Security checks are required for all applicants who accept regular employment and for applicants who accept certain part-time employment.

Proof of citizenship or immigration status will be required of all applicants upon employment.

A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION FOR WHICH YOU APPLY

AGREEMENT

By signing my name below, I (1) certify that all statements made by me on this application are true and complete to the best of my knowledge and that I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired, and (2) understand that nothing contained in this application or in the interview process is intended to create an employment contract between the college and me, and (3) authorize the college to contact and obtain information from all references, employers, public agencies and others to verify the accuracy of all information provided in this application. I hereby waive all rights and claims I may have regarding the college for seeking, obtaining, and using truthful information in the employment process and all other persons, corporations, or organizations for furnishing such information about me. If this application results in my employment, I understand I have a right to terminate my employment at any time and for any reason and the college retains a similar right, notwithstanding any contractual agreement between the employee and the college. I understand this entire statement applies to the period prior to or after I may be employed.

SIGNATURE

DATE

Bladen Community College is an affirmative action/equal opportunity employer, making selections on the basis of knowledge, skills and abilities without regard to race, color, religion, national origin, sex, age or disability.

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 _____

Email _____ Telephone _____ Fax _____

Name _____

Address _____

Email _____ Telephone _____ Fax _____

Name _____

Address _____

Email _____ 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)

DISABILITY A disability 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 _____