



CENTRAL CAROLINA COMMUNITY COLLEGE
1105 Kelly Drive • Sanford, North Carolina 27330
www.cccc.edu Telephone - (919) 775-5401

WHEN COMPLETING THIS APPLICATION FOR EMPLOYMENT, PLEASE MAKE SURE YOU:

- 1. Give complete information on your education and work history. "See resume" is not acceptable. A resume may be attached but will not be accepted in lieu of completing an application.
2. List separately each job held and your duties for each position. Reproduce page as needed for additional positions.
3. Attach copies of transcripts for positions requiring a degree. Transcript copy must reflect completion date & degree earned.
4. Check for accuracy, sign and date your application. Applications will not be processed without a signature.
5. Provide only the last 4 digits of your social security number.
6. Completed CCCC application only will be accepted. Partially completed applications will not be considered.

PERSONAL INFORMATION

Last Name First M.I. Maiden Name Preferred Name Date

Street Address or P.O. Box (Last 4 digits of Social Security Number)

City State Zip Code E-mail Address

() - () - () - Home Phone Business Phone Cell Phone

Date available for work

Position Desired (a separate application is required for each job)

Are you available to work? Days Evenings Part-time Full-time On-line Expected Salary \$

Have you ever been employed by CCCC? Yes No If yes, list position held, month, and year.

If formerly employed by CCCC under another name, what name?

Are you a retired North Carolina state employee? Yes No If yes, date of retirement.

Are you legally eligible to work in the United States? Yes No If hired, appropriate documentation will be required.

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired.) Yes No If yes, describe in full:

List name and relationship of any family members employed by Central Carolina Community College:

REFERENCES - Three references are required and must include complete and accurate information.

1. Name Street City/State Zip Code Email Address Day-time Phone Cell Phone
2. Name Street City/State Zip Code Email Address Day-time Phone Cell Phone
3. Name Street City/State Zip Code Email Address Day-time Phone Cell Phone

EDUCATION – To be considered for a position requiring a College degree, applicants **must** provide copies of transcripts. Degrees obtained from a foreign college or university must be evaluated, at applicant's expense, by an evaluation agency recognized by the U.S. Department of Education. For a listing of accredited agencies refer to www.naces.org.

GRADUATE SCHOOL MASTER AND/OR DOCTORATE DEGREE(S)	LOCATION	PROGRAM OF STUDY	DEGREE RECEIVED YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

NOTE: IF YOU ARE APPLYING FOR A TEACHING POSITION WHICH REQUIRES A MASTERS DEGREE, LIST THE DISCIPLINE IN WHICH YOUR COLLEGE COURSES, AT THE GRADUATE LEVEL, TOTAL 18 OR MORE SEMESTER HOURS.

DISCIPLINE	SEMESTER HOURS
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COLLEGE/UNIVERSITY ASSOCIATE AND/OR BACHELOR DEGREE(S)	LOCATION	PROGRAM OF STUDY	DEGREE RECEIVED
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>
			YES <input type="checkbox"/> NO <input type="checkbox"/>

HIGH SCHOOL	LOCATION	DIPLOMA/GED YES <input type="checkbox"/> NO <input type="checkbox"/>
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SPECIAL CERTIFICATION	SOURCE	HOURS	YEAR

OTHER SPECIAL TRAINING OR SKILLS (SPECIAL LICENSURE, JOURNEYMAN EXPERIENCE, COMPUTER/SOFTWARE)

MEMBERSHIP(S) IN PROFESSIONAL ORGANIZATIONS

EMPLOYMENT RECORD (Begin with present or last position)

1. Employer Name _____ Telephone Number (_____) _____ - _____
 Address (City & State) _____ Monthly Salary \$ _____
 Name and Title of Supervisor _____
 Your Job Title _____
 Full-time employment from _____ to _____ Part-time employment from _____ to _____
 (Month/Year) (Month/Year) (Month/Year) (Month/Year)
 Describe Your Duties _____

 Reason for leaving _____

May we inquire of this employer about your character and qualifications? Yes No

2. Employer Name _____ Telephone Number (_____) _____ - _____
 Address (City/State) _____ Monthly Salary \$ _____
 Name and Title of Supervisor _____
 Your Job Title _____
 Full-time employment from _____ to _____ Part-time employment from _____ to _____
 (Month/Year) (Month/Year) (Month/Year) (Month/Year)
 Describe Your Duties _____

 Reason for leaving _____

May we inquire of this employer about your character and qualifications? Yes No

3. Employer Name _____ Telephone Number (_____) _____ - _____
 Address (City/State) _____ Monthly Salary \$ _____
 Name and Title of Supervisor _____
 Your Job Title _____
 Full-time employment from _____ to _____ Part-time employment from _____ to _____
 (Month/Year) (Month/Year) (Month/Year) (Month/Year)
 Describe Your Duties _____

 Reason for leaving _____

May we inquire of this employer about your character and qualifications? Yes No

EMPLOYMENT RECORD (Continuation Page)

4. Employer Name _____ Telephone Number (_____) _____ - _____
 Address (City & State) _____ Monthly Salary \$ _____
 Name and Title of Supervisor _____
 Your Job Title _____
 Full-time employment from _____ to _____ Part-time employment from _____ to _____
 (Month/Year) (Month/Year) (Month/Year) (Month/Year)
 Describe Your Duties _____

 Reason for leaving _____
 May we inquire of this employer about your character and qualifications? Yes No

5. Employer Name _____ Telephone Number (_____) _____ - _____
 Address (City/State) _____ Monthly Salary \$ _____
 Name and Title of Supervisor _____
 Your Job Title _____
 Full-time employment from _____ to _____ Part-time employment from _____ to _____
 (Month/Year) (Month/Year) (Month/Year) (Month/Year)
 Describe Your Duties _____

 Reason for leaving _____
 May we inquire of this employer about your character and qualifications? Yes No

6. Employer Name _____ Telephone Number (_____) _____ - _____
 Address (City/State) _____ Monthly Salary \$ _____
 Name and Title of Supervisor _____
 Your Job Title _____
 Full-time employment from _____ to _____ Part-time employment from _____ to _____
 (Month/Year) (Month/Year) (Month/Year) (Month/Year)
 Describe Your Duties _____

 Reason for leaving _____
 May we inquire of this employer about your character and qualifications? Yes No

PROFESSIONAL STATEMENT

In the space provided below, please indicate why you are qualified to fill the position for which you are applying. If applying for a teaching position, please address issues such as program quality, academic standards, expectations for students, and student assessments.

APPLICANT'S ACKNOWLEDGMENT

I understand that any employment offered to me by the college, unless reflected in a written contract signed by an authorized college official, is employment-at-will. This means the employment relationship may be severed at any time, for any reason, with or without cause, by either party if it is deemed to be in his/her/its best interest. **Background checks may be required as a condition of employment for selected positions.**

I hereby authorize and request the firms, organizations and institutions listed on my application for employment with Central Carolina Community College (CCCC) to release all employment information as requested by CCCC. I have attached a separate sheet of relevant additional information such as name change or nickname that may assist in a check on my employment and educational background. I hereby release the firms, organizations and institutions listed on my application from any and all liabilities arising from the furnishing of requested employment information. I further certify that all answers and statements in this application are true. I am aware that should investigation disclose misrepresentation or falsification, I may be disqualified for employment at CCCC.

Applicant's Signature (Unsigned application will not be processed)

Date

INTERNAL APPLICANTS ONLY: I UNDERSTAND IN APPLYING FOR THIS POSITION, ANY PRIOR WORK EXPERIENCE BEFORE AND DURING MY EMPLOYMENT AT CCCC MAY BE REVIEWED FROM MY PERSONNEL FILE DURING THE SELECTION PROCESS, AND I CONSENT TO THIS.

Current Employee Signature _____

Policy Statement/Equal Opportunity Employer

Central Carolina Community College serves the public without regard to race, sex, color, creed, age, disability, religion or national origin. State and Federal regulations prohibit discrimination based on race, sex, color, national origin, age or handicap. The information requested below will in no way affect you as an applicant. Its sole use will be for statistical and record-keeping purposes only and to see how well our recruitment efforts are reaching all segments of the population. The information on this form will be detached from your employment application and maintained separately and confidentially. Failure to provide information on this form will **NOT** subject you to any adverse treatment.

DATE BIRTH OF			SEX M OR F	DISABILITY	
MONTH	DAY	YEAR		YES <input type="checkbox"/>	NO <input type="checkbox"/>
				Describe if Yes	
ETHNIC GROUP			US ARMED FORCES VETERAN		
<input type="checkbox"/> White			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<input type="checkbox"/> Black (African American)			SPOUSE OR DEPENDANT OF VETERAN		
<input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban)			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<input type="checkbox"/> Central or South American, other Spanish Origin			Branch of Service		
<input type="checkbox"/> America Indian / Alaskan Native			Dates of Service		
Other			If served during war or conflict please specify (ex. WW II, Vietnam, etc.)		
			Copy of DD-214 must be attached as proof to right of Veteran preference.		
How did you learn about this vacancy?					
Sanford Herald <input type="checkbox"/>		CareerBuilder.com <input type="checkbox"/>		Employment Security Commission <input type="checkbox"/>	
The Daily Record <input type="checkbox"/>		HigherEdJobs.com <input type="checkbox"/>		Friend <input type="checkbox"/>	
Chatham Record <input type="checkbox"/>		GroupWise E-mail <input type="checkbox"/>		Other	
Other newspaper <input type="checkbox"/>		Other Website			

Applicant Name: _____

Position Applied For: _____