

# Application for Employment

**Caldwell Community College and Technical Institute**

2855 Hickory Boulevard Hudson, North Carolina 28638  
(828) 726-2200

## Personal Data

Last Name:	First Name:	Middle Name:
Street Address:	City:	State: Zip Code:
Home Phone:	Cell Phone:	Email Address:
Position Desired:	Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/> Temporary <input type="checkbox"/>
Method of Referral:	<input type="checkbox"/> Internal Posting <input type="checkbox"/> Newspaper <input type="checkbox"/> Campus Recruitment <input type="checkbox"/> Other _____ <input type="checkbox"/> State/Local Agency <input type="checkbox"/> Employee <input type="checkbox"/> Internet Site	
Date Available to Start Work:	Willing to Work Any Hours? Yes <input type="checkbox"/> No <input type="checkbox"/>	
List names and relationships of any family members who work here:		
Are you legally entitled to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been convicted of a misdemeanor or felony? Yes <input type="checkbox"/> No <input type="checkbox"/> (Minor traffic violations not included)		
If <b>yes</b> , complete the following:      Date:      Offense:      Place:		
Result:      *Note: An Answer of "yes" does not necessarily make you ineligible for employment.		

**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.**

Type of School	Name and Location	Attended		*Credit Hours	Degree/Diploma	Major
		From Mon/Yr	To Mon/Yr			
High School/ GED Equivalent						
Vocational, Technical, College, or University						
Graduate or Professional						
Graduate or Professional						
<input type="checkbox"/> Internship/ Apprenticeship <input type="checkbox"/> Teaching Fellowship <input type="checkbox"/> Graduate Apprenticeship <input type="checkbox"/> Other						

## Education

**Note:** \*Indicate quarter hours "Q" or semester hours "S."

**Employment** Beginning with present or last position, answer all questions below **even if a resume is included** about each period of employment. A complete history of work experience is needed. If more space is required, enclose another sheet.

Title of current/previous position \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Date Employed \_\_\_/\_\_\_/\_\_\_  Full-time Years \_\_\_\_\_ Months \_\_\_\_\_

Date Separated \_\_\_/\_\_\_/\_\_\_  Part-time Years \_\_\_\_\_ Months \_\_\_\_\_ Number of part-time hours worked per week \_\_\_\_\_

Name of Employer \_\_\_\_\_ Name and Title of Supervisor \_\_\_\_\_

Address \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Street City State Zip Code Telephone No.

Duties: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact for reference?  Yes  No

Title of current/previous position \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Date Employed \_\_\_/\_\_\_/\_\_\_  Full-time Years \_\_\_\_\_ Months \_\_\_\_\_

Date Separated \_\_\_/\_\_\_/\_\_\_  Part-time Years \_\_\_\_\_ Months \_\_\_\_\_ Number of part-time hours worked per week \_\_\_\_\_

Name of Employer \_\_\_\_\_ Name and Title of Supervisor \_\_\_\_\_

Address \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Street City State Zip Code Telephone No.

Duties: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact for reference?  Yes  No

Title of current/previous position \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Date Employed \_\_\_/\_\_\_/\_\_\_  Full-time Years \_\_\_\_\_ Months \_\_\_\_\_

Date Separated \_\_\_/\_\_\_/\_\_\_  Part-time Years \_\_\_\_\_ Months \_\_\_\_\_ Number of part-time hours worked per week \_\_\_\_\_

Name of Employer \_\_\_\_\_ Name and Title of Supervisor \_\_\_\_\_

Address \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Street City State Zip Code Telephone No.

Duties: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact for reference?  Yes  No

Title of current/previous position \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Date Employed \_\_\_/\_\_\_/\_\_\_  Full-time Years \_\_\_\_\_ Months \_\_\_\_\_

Date Separated \_\_\_/\_\_\_/\_\_\_  Part-time Years \_\_\_\_\_ Months \_\_\_\_\_ Number of part-time hours worked per week \_\_\_\_\_

Name of Employer \_\_\_\_\_ Name and Title of Supervisor \_\_\_\_\_

Address \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Street City State Zip Code Telephone No.

Duties: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

May we contact for reference?  Yes  No

## Military Service

If you would like to be considered for the Veteran's Preference Hiring Eligibility, please complete the following:

1. Have you served honorably in the Armed Forces on active duty for reasons other than training?  
 Yes     No
  
  2. Please indicate which of the following apply to your status:
    - I am a veteran who served during a period of war; or
    - I am the spouse of a disabled veteran; or
    - I am the surviving spouse or dependent of a veteran who died on active duty during a period of war either directly or indirectly as the result of such service; or
    - I am a veteran who suffered a disabling injury for service-related reasons during peacetime; or
    - I am the spouse of a veteran who suffered a disabling injury for service-related reasons during peacetime; or
    - I am the surviving spouse or dependent of a person who served in the Armed Forces of the US on active duty, for reasons other than training, who died for service-related reasons during peacetime.
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Why are you interested in employment with CCC&TI?

What do you consider your strongest qualifications and how do you feel they qualify you for this position?

List the areas in which you are currently licensed, registered, or certified.

List areas of professional recognition, professional memberships, publications, committee work, etc.

## Professional References

Name and Occupation	Address	Phone Number

## Certificate of Applicant

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statements or willful omission of requested information made by me on this application shall be considered sufficient cause for dismissal.

Caldwell Community College and Technical Institute is hereby authorized to make any investigation of my personal, financial and credit history and to obtain information from my employer(s), references, institutions, and agencies to verify the accuracy of the information provided on the application. I hereby release CCC&TI from any liability in seeking, gathering, and using such information and all other persons, institutions, and agencies for furnishing such information.

*I understand that unsigned applications will not be processed.* Further, if I am hired, I understand that I will be required to provide original document(s) as proof of identity and employment eligibility authorization. CCC&TI participates in the E-Verify program established by the Department of Homeland Security and the Social Security Administration (SSA).

I hereby acknowledge that I have read and understand the above and seek employment under these conditions.

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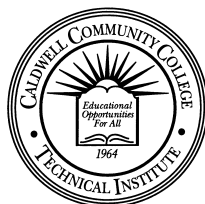
Applicant's Signature

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Date

**CCC&TI does not discriminate against any person on grounds of race, creed, sex, age, religion, national origin, veteran status or handicap.**

*Caldwell Community College and Technical Institute is an equal opportunity educator and employer.*



## Voluntary Equal Opportunity Statement and Information

Caldwell Community College and Technical Institute does not discriminate with respect to employment on the basis of race, creed, sex, age, religion, national origin, or handicap. The information requested below will in no way affect you as an applicant. Whether or not you respond will not affect the consideration of your application. The sole use of this information will be to determine how well our recruitment efforts are reaching all segments of the population.

Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name First Name Middle Initial  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year  
Position Applied for: \_\_\_\_\_

### Ethnic Group

**Please check one:**

Female  Male

**Do you consider yourself Hispanic/Latino?**  Yes  No

**Select one or more of the following racial categories:**

- American Indian or Alaskan Native** – a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Asian** – a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American** – a person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander** – a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White** – a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### Campus Security Report

The CCC&TI campus security report is available and may be accessed online at:  
<http://www.cccti.edu/Students/RightToKnow.htm>

The report includes statistics for the previous three years concerning reported crimes that occurred on campus; in certain off campus buildings or property owned or controlled by Caldwell Community College and Technical Institute; and on public property within, or immediately adjacent to and accessible from the campus. You may obtain a printed copy of this report by contacting the Director of Human Resources.

### Consumer Information

Pursuant to the Higher Education Act amendments and the Family Educational Rights and Privacy Act (FERPA), educational institutions are required to provide information about the school to prospective employees and applicants. This information is available at <http://www.cccti.edu/ConsumerInfo.htm> or by contacting the Director of Human Resources.

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