

**NOTICE:**

1. TO BE CONSIDERED FOR EMPLOYMENT AT MAYLAND COMMUNITY COLLEGE, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM. (FOR ADDITIONAL WORK HISTORY, PLEASE DUPLICATE FORM)
2. MAYLAND COMMUNITY COLLEGE EMPLOYS ONLY U.S. CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN THREE (3) WORKING DAYS OF EMPLOYMENT.
3. MALES SUBJECT TO MILITARY SELECTIVE SERVICE REGISTRATION MUST CERTIFY COMPLIANCE TO BE ELIGIBLE FOR EMPLOYMENT AT MAYLAND COMMUNITY COLLEGE (G.S. 143B-421.1). SEE AVAILABILITY BLOCK.
4. THIS APPLICATION WILL REMAIN IN THE ACTIVE FILE FOR 2 YEARS. AFTER 2 YEARS, YOU MUST SUBMIT A NEW APPLICATION IF YOU WANT TO BE CONSIDERED FOR A JOB. THE APPLICATION WILL ALSO BE PROCESSED BY THE EMPLOYMENT SECURITY COMMISSION.

**WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU:**

- OFFICIAL TRANSCRIPTS OF ALL POST-SECONDARY EDUCATION MUST BE SUBMITTED.
- USE A BLACK INK PEN OR TYPEWRITER
- COMPLETE THE SECTION FOR EQUAL OPPORTUNITY INFORMATION
- GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY (I.E. "SEE RESUME" IS NOT ACCEPTABLE)
- LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION
- CHECK FOR ACCURACY, SIGN AND DATE YOUR APPLICATION
- PROFESSIONAL STATEMENT. IF YOU ARE APPLYING FOR AN ADMINISTRATIVE OR FACULTY POSITION, PLEASE SUBMIT ON ONE TYPEWRITTEN PAGE LISTING YOUR VIEWS CONCERNING EDUCATION IN A COMMUNITY COLLEGE SYSTEM.

**THANK YOU FOR YOUR INTEREST IN WORKING FOR MAYLAND COMMUNITY COLLEGE. WE WANT TO FIND THE BEST QUALIFIED PEOPLE AVAILABLE TO SERVE OUR REGION. ALTHOUGH EVERYONE WHO APPLIES CANNOT BE HIRED, YOUR APPLICATION WILL BE GIVEN EVERY CONSIDERATION.**

<b style="font-size: 1.2em; margin-left: 10px;">APPLICATION FOR EMPLOYMENT</b>						DATE OF APPLICATION
• PLEASE PRINT OR TYPE • SSN IS VOLUNTARY, FOR RECORD-KEEPING OR DATA PROCESSING PURPOSES ONLY						
Social Security Number	Last Name	First Name		Middle Name		
Address (Street Number and Name)			City	County		
State	Zip Code	Phone (Home) (   )    (   )		Phone (Work) (   )    (   )		
<b>Availability</b>						
Do you now work for the State of North Carolina? <input type="checkbox"/> YES <input type="checkbox"/> NO						
Are you related by blood or marriage to any person now working for Mayland Community College? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, give name, relationship to you and the division of MCC where the person is employed)						
If you are subject to military Selective Service registration, please certify compliance by initialing the line: _____						
Please check the types of work you will accept: <input type="checkbox"/> 1. Permanent full-time <input type="checkbox"/> 2. Temporary part-time <input type="checkbox"/> 3. Part-time (Substitute or short-term)						
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. The offense and how recently you were convicted will be evaluated in relation to be job for which you are applying.) <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain fully on an additional sheet.) <b>I understand that, by submitting this application, a criminal records background check may be conducted by the College as part of the application process in accordance with G.S. 114-19.3, and that such information may be considered by the College in making a hiring determination.</b>						
<b>Positions Applied For</b>						
Enter below the specific title(s) of the position(s) for which you are applying. Please list no more than three on this application. 1. _____ 2. _____ 3. _____						
<b>Referral Source</b>						
Please indicate your referral source: _____ If you were referred by the Employment Security Commission (Job Service) please indicate which local office _____						
<b>Education</b>						
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 Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.						
Schools	Name and Location	Dates Attended (mo/yr) From:    To:	Grad?	S/Q Hrs.	Maj/Min Course Work	Type of Degree Received
High School			YES NO			
College(s) University(ies)			YES NO			
Graduate or Professional			YES NO			
Other educational, vocational school, internships, etc.			YES NO			
Special training programs and seminars you have completed in the last five years (List): _____ _____						
If the position(s) applied for calls for specific courses, indicate those courses taken and credits received: _____ _____						
Current professional status: (List fields of work for which you have been registered) Registration: _____ State: _____ No: _____ Registration: _____ State: _____ No: _____						
Membership in profession, honorary, or technical societies (List): _____ _____				DO NOT COMPLETE THIS BLOCK  DEGREES AND PROFESSIONAL CREDENTIALS <input type="checkbox"/> Have been verified <input type="checkbox"/> Will be verified within 90 days (N.C.G.S. 126-30) Person responsible _____		

**Equal Opportunity Information**

State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex, age or absence of disability is a bonafide occupational qualification in a small number of State jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

Date of Birth    Check One  
   SEX    
 (mo.) (day) (year) (male) (female)

**ETHNIC GROUP**  
 1.  White (non-Hispanic)  
 2.  Black (non-Hispanic)  
 3.  Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)  
 4.  Asian (including Pacific Islander)  
 5.  American Indian (including Alaskan native)

**DISABILITY:** "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A.

The reporting of a **disability is strictly VOLUNTARY**. Persons with disabilities who **DO NOT WISH** to report their disabilities should check item A. Information reported on this for will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.

- |   |  |
|---|--|
| A <input type="checkbox"/> None/Prefer not to report  | G <input type="checkbox"/> Respiratory impairment                              |
| B <input type="checkbox"/> Blind or severely visually impaired  | H <input type="checkbox"/> Nervous system/Neurological disorder                |
| C <input type="checkbox"/> Deaf or severely hearing impaired  | I <input type="checkbox"/> Mentally restored                                   |
| D <input type="checkbox"/> Loss or limited use of arms and/or hands   | J <input type="checkbox"/> Mental retardation                                  |
| E <input type="checkbox"/> Non-ambulatory (must use wheelchair)   | K <input type="checkbox"/> Learning disability                                 |
| F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, cerebral palsy, spina bifida, etc.) | L <input type="checkbox"/> Others (heart disease, diabetes, speech impairment) |
|   | M <input type="checkbox"/> Other (please specify) _____                        |

**Licenses and certifications (List, giving dates and sources of issuance):**

\_\_\_\_\_

\_\_\_\_\_

**Skills**

CHECK the following skills, experiences, etc. which you have:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Driver's License _____<br>Number _____ State _____    | <input type="checkbox"/> Sign Language                              | <input type="checkbox"/> Legal transcription   |
| <input type="checkbox"/> Chauffeur's License _____<br>Number _____ State _____ | <input type="checkbox"/> Foreign Language (Specify) _____           | <input type="checkbox"/> Medical transcription |
| <input type="checkbox"/> Car for use at work                                   | <input type="checkbox"/> Adding machine/calculator                  | <input type="checkbox"/> Braille               |
|  | <input type="checkbox"/> Typing (specify WPM) _____                 | <input type="checkbox"/> Word Processing       |
|  | <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ | <input type="checkbox"/> Other _____           |

**Work History** (For additional work history, please duplicate form)

Current or Last Employer:		Address			
Job Title:		Supervisor's name		Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date Separated (mo/yr)	List major duties in order of their importance in the job:				
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					
Employer:		Address			
Job Title:		Supervisor's name		Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date Separated (mo/yr)	List major duties in order of their importance in the job:				
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					
Employer:		Address			
Job Title:		Supervisor's name		Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ per	Ending or Current Salary \$ per	Reason for Leaving	May We Contact Employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Date Separated (mo/yr)	List major duties in order of their importance in the job:				
Full Time	Years	Months			
Part Time	Years	Months			
If part time, number of hours worked per week:					

**References (please give 3 and telephone number)**

1. \_\_\_\_\_ telephone number \_\_\_\_\_
2. \_\_\_\_\_ telephone number \_\_\_\_\_
3. \_\_\_\_\_ telephone number \_\_\_\_\_

I certify that I have given true, accurate and complete information to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and any other agency to furnish whatever information is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. Further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: N.C.G.S. 126-30, N.C.G.S. 14-122.1.)

\_\_\_\_\_  
Signature of Applicant (unsigned applications will not be processed) \_\_\_\_\_ Date