



Human Resources
PO Box 185
Grantsboro, NC 28529
(252) 249-1851 ext. 3005
www.pamlicocc.edu

Application for Employment

Thank you for your interest in employment with Pamlico Community College. It is the goal of the college to hire the best qualified individuals available. Your application will be given every consideration. Pamlico Community College prohibits discrimination based on race, gender, color, creed, national origin, age, sexual orientation or disability.

Date of Application: _____

For which position are you applying? _____

How did you hear about the position? _____

Applicant Name and Contact Information

Please print your full name as it appears on your Social Security card:

Full Legal Name: _____
(First) (Middle) (Last)

Mailing Address: _____
_____ City State Zip

Email address: _____

Preferred Phone Number: _____ Alt. Phone: _____
Cell Work Home Cell Work Home

Education

Photocopies of transcripts are required for your application to be considered.

Type of Degree	School Name Address	Dates Attended	Major/Minor	Graduate? Y/N

Licensures and/or certifications.

Include Career Readiness Certificate if applicable. Include date(s), source(s) of issuance and number(s).

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Additional Information.

List skills related to this position or skills about which you want us to know, honors, awards, professional memberships, books/articles published, civic activities, etc. Please identify acronyms.

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Experience

Please fill out work history completely, attaching additional pages if necessary. While a resume or vitae are required for your application to be considered, they are not a substitute for the application work history. List most current employer first.

Employer Name:		Employer Address:	
Job Title:		Supervisor's Name/Phone #	# Supervised
Dates of Employment: Begin Date: _____ End Date: _____	Starting Salary: _____	Ending Salary: _____	Full Time: ____ Years ____ Mnths Part Time: ____ Years ____ Mnths <i>If part time, number of hours worked per week: _____</i>

Job Description:

Reason for Leaving	May we contact this employer? ____ Yes ____ No
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References			
Name	Title/Company	Email Address	Phone Number

Please list any relatives currently employed with Pamlico Community College:

Certification (*must be signed for the application to be considered*).

If hired for a non-exempt position, I understand that Pamlico Community College (PCC) will give compensatory leave at the rate of 1 1/2 hours for each hour of overtime as defined under the Fair Labor Standards Act. If employed by PCC, I agree to accept compensatory leave in the place of monetary payment for overtime.

Fair Credit Reporting Act (FCRA) disclosure and authorization: PCC may choose to request a consumer report from a consumer reporting agency to assist it in making a decision on your application for employment. Under the Fair Credit Reporting Act (FCRA), you are considered a “consumer”. A “consumer reporting agency” is a business that assembles consumer information to prepare a consumer report, which may contain information regarding criminal history, social security verification and/or credit history. The actions of the College and the agency in gathering and utilizing these reports are guided by the provisions in the FCRA. A complete text of the Act may be found in 15 U.S.C. 1681-1681u and at the Federal Trade Commission’s website: <http://www.ftc.gov>. You may have additional rights under North Carolina law. You may contact the Consumer Protection Division of the North Carolina Attorney General’s Office to learn those rights.

By your signature below, you indicate that you authorize and consent to the release of consumer reports to PCC to be used in connection with your application for employment. If you fail or refuse to execute this document, no further consideration will be given to your application for employment. You also release PCC, its employees and its agents, the consumer reporting agency and its employees and agents from all claims, suits, grievances and expenses arising out of the information provided in the consumer credit reports and also out of the manner in which the reports were prepared, provided and considered by PCC and/or the consumer reporting agency.

I certify that all of the statements made in this application and any attached documents are true, complete and correct to the best of my knowledge and belief and are made in good faith. I authorize the investigation of all statements made in this application or attached thereto and release such information to Pamlico Community College hiring officials. I understand that false information may be grounds for rejection of my application and/or dismissal if I am employed.

_____ Signature

_____ Date

Equal Opportunity Information Form

Pamlico Community College policy prohibits discrimination based on race, gender, color, creed, national origin, age, sexual orientation, or disability. Gender, Age or absence of a disability is a bona fide occupational qualification in only a few state jobs. The requested information will not affect processing of your application. It will be used only to see how well our recruitment efforts are reaching all segments of the population and to meet statistical requirement efforts set forth by State and Federal regulations.

Answering is voluntary and confidential. This document and all information will be kept in a separate confidential file.

Instructions for this form: To maintain confidentiality, place the completed form in a separate envelope, write "HR Confidential" on the outside, and return it with the completed application.

Date: _____ Position of Interest: _____

Name: _____

How did you learn of this position? _____

Date of Birth: _____ Gender: _____ Citizenship: _____
_____ US Citizen _____ Resident Foreign National
_____ Non-Resident Foreign National

Ethnicity:
____ American Indian or Alaskan Native ____ Hispanic
____ Asian/Pacific Islander ____ Other
____ Black or African American ____ White

Military Service/Veteran's Preference

Please check the appropriate box, information required under the Title 38, U.S. Code, Section 42 (D). If declaring Veteran's Preference, please submit DD214, Certificate of Release or Discharge from Active Duty, or similar form used by the military services.

____ Veteran's Preference as a Vietnam veteran or other veteran (*veteran who served on active duty during a war or in a campaign or expedition where a campaign badge has been authorized and discharged under other than dishonorable conditions*). For a complete list of eligible events, see: <http://www.fedshirevets.gov/hire/hrp/know/index.aspx>
____ Disabled Veteran
____ Veteran's Preference as a spouse of a disabled veteran
____ Not a Veteran
____ Choose not to report

Disability (Documentation of disability required for ADA (America's with Disability Act) Consideration)

A disability is any impairment which substantially limits a major life function. Please check:

____ Visual impairment/blindness
____ Hearing impairment/deafness
____ Cardiovascular disorder
____ Emotional/mental disorder
____ Nervous system/neurological
____ Respiratory impairment
____ Loss or impairment of upper and/or lower limbs
____ Disabling diseases (arthritis, diabetes, etc.)
____ Other (please explain) _____
