

This application is to be accompanied by an applicant data sheet and transcripts. Incomplete files will not be considered.

Please Print or Type

Last Name		First Name		Middle Name	
Address (Street number and name)			City		County
State	Zip	Phone (Home or where you can be reached) () ()		Business Phone () ()	

E-mail Address:

CHECK (☑) all of the types of work you will accept:

1. Full-time
 2. Part-time
 3. Day Hours
 4. Evening Hours

If you are not available for work now, enter the earliest date you could begin work (mo/day/yr) _____

JOBS APPLIED FOR: Enter below the specific title(s) of the job(s) for which you are applying:

1. _____ 2. _____ 3. _____

MILITARY SERVICE:

Have you served honorably in the Armed Forces of the U. S. on active duty, for reasons other than training, during a time of war? Yes No

Do you wish to declare a service-connected disability? Yes No

At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? Yes No

Do you wish to declare eligibility for veterans preference as the spouse of a disabled veteran? Yes No

Give dates of your (or spouse's) qualifying active military service:

Entered: _____ Separated: _____ Branch: _____ Rank: _____

AGENCY USE ONLY: Eligibility for Veterans' Preference? Yes No

EDUCATION:

A transcript copy of all college credits and/or high school credits, if requested, is required before this Application can be processed. This copy will not be returned. Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.

Schools	Name & Location	Grad?	S/Q Hrs	Major/Course	Type Degree
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College(s) / University(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Graduate or Professional		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other educational, vocational school, internship, etc.		<input type="checkbox"/> Yes <input type="checkbox"/> No			

ACADEMIC/PERSONAL/PROFESSIONAL ACCOMPLISHMENTS: Describe any accomplishments, scholastic honors, honorary societies, patent/publications, professional societies, and other pertinent experience or honors:

List subjects you feel qualified to teach:

List other activities which you are qualified to direct:

List field of work for which you are licensed, registered, or certified, giving date(s) and source(s) of issuance:

WORK HISTORY (Include volunteer experience) Use Additional Sheets if Necessary

Current or Last Employer:		Address & Phone:		
Job Title:		Supervisor Name:		No. Supervised by You:
Date Employed:	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:	May We Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Separated:	Duties:			
Full-Time (Years/Months):				
Part-Time (Years/Months):				
If part-time, number of hours worked per week:				
Employer:		Address & Phone:		
Job Title:		Supervisor Name:		No. Supervised by You:
Date Employed:	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:	May We Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Separated:	Duties:			
Full-Time (Years/Months):				
Part-Time (Years/Months):				
If part-time, number of hours worked per week:				
Employer:		Address & Phone:		
Job Title:		Supervisor Name:		No. Supervised by You:
Date Employed:	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:	May We Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Separated:	Duties:			
Full-Time (Years/Months):				
Part-Time (Years/Months):				
If part-time, number of hours worked per week:				
Employer:		Address & Phone:		
Job Title:		Supervisor Name:		No. Supervised by You:
Date Employed:	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:	May We Contact Employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date Separated:	Duties:			
Full-Time (Years/Months):				
Part-Time (Years/Months):				
If part-time, number of hours worked per week:				

PROFESSIONAL REFERENCES:

Three (3) to five (5) professional references are required as part of this application and must include complete contact information.

1.	Name:	Position:
	Business Address:	
	Daytime Phone:	Other Phone:
	E-mail Address:	
2.	Name:	Position:
	Business Address:	
	Daytime Phone:	Other Phone:
	E-mail Address:	
3.	Name:	Position:
	Business Address:	
	Daytime Phone:	Other Phone:
	E-mail Address:	
4.	Name:	Position:
	Business Address:	
	Daytime Phone:	Other Phone:
	E-mail Address:	
5.	Name:	Position:
	Business Address:	
	Daytime Phone:	Other Phone:
	E-mail Address:	

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you can not be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

 No

 Yes (If yes, explain fully on an additional sheet.)

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 investigation of all statements made in this application and release to Richmond Community College officials. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed.

Signature of Applicant (unsigned applications will not be processed.)

Date

It is the policy of Richmond Community College to afford equal opportunity to all employees and applicants regardless of race, color, gender, religion, age, national origin, or disability. If you require accommodation due to a disability in order to complete the application process, please make your request to the Human Resource Office.

Equal Opportunity Employer

**RICHMOND COMMUNITY COLLEGE
APPLICANT DATA FORM**

Richmond Community College, in compliance with federal law, collects and maintains information on the gender, race, and ethnic background of applicants. This information is also used to evaluate the effectiveness of our equal employment opportunity program.

We would appreciate your assistance in these efforts by answering the questions below. **THIS FORM WILL BE FILED SEPARATELY FROM YOUR APPLICATION AND WILL BE USED FOR STATISTICAL PURPOSES ONLY.** The completion of this form is NOT mandatory. Your cooperation is most appreciated. Thank you.

POSITION APPLIED FOR: _____ **DATE:** _____

DATE OF BIRTH: _____ **GENDER:** Female Male

ETHNICITY: Check only one box. (As defined by the Office of Management and Budget Directive #15.)

Yes No **“Hispanic or Latino”** – A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”

RACE: Check one or more boxes.

- A. **American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- B. **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.
- C. **Black or African American:** A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”
- D. **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- E. **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

DISABLED: Yes No Disabled is defined in the American with Disabilities Act as (1) having a physical or mental impairment that substantially limits one or more of the major life activities, (2) having a record of such impairment, or (3) is regarded as having such impairment.

HOW DID YOU LEARN OF THE POSITION FOR WHICH YOU ARE APPLYING?

- | | |
|---|--|
| <input type="checkbox"/> RCC Website | <input type="checkbox"/> Fayetteville Observer |
| <input type="checkbox"/> NCCCS Website | <input type="checkbox"/> Greensboro News & Record |
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> Raleigh News & Observer |
| <input type="checkbox"/> Employment Security Commission | <input type="checkbox"/> Charlotte Observer |
| <input type="checkbox"/> Daily Journal | <input type="checkbox"/> Chronicle of Higher Education |
| <input type="checkbox"/> Laurinburg Exchange | <input type="checkbox"/> Community College Times |
| <input type="checkbox"/> The Pilot | <input type="checkbox"/> Other: _____ |