



“Your Bridge to Success”

Human Resources Department
 P.O. Box 398 • Kenansville, North Carolina 28349
 Phone: (910) 296-2410 Fax: (910) 296-2479
 Web Site: www.jamessprunt.edu

Application for Employment

Thank you for your interest in employment with James Sprunt Community College. It is the goal of the College to strive for excellence and to find the best qualified individuals available. Although everyone who applies cannot be hired, your application will be given every consideration. Applications are kept in an active status for six months unless updated by the applicant.

Instructions:

For questions concerning positions or the application process, please contact the Human Resources Department at (910) 296-2410.

1. Complete application in its entirety (a resume may not be submitted in lieu of this application); incomplete applications may be rejected by the College.
2. Copies of transcript(s) MUST be included for the application packet to be complete and to be considered for a position.
3. Once hired, all employees must submit official transcripts, copies of licensure and/or certifications.
4. If hired, applicants must be able to document U.S. citizenship or eligibility for employment.
5. Mail application to the address listed above or deliver to JSCC, McGowen Building.

Date of Application:

Applicant Name and Contact Information

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

First Name	Middle Name (if applicable)	Last Name
List preferred name (or nickname)	List any additional names used while employed or attending school	
Mailing Address		
City	State	Zip
Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	Secondary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home	Other Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Home
E-mail Address		

Position of Interest

Note: A separate application for each position is required to be submitted.

Indicate the position as it appears on the vacancy announcement for which you are applying:

Type of employment : Full-Time Part-Time Either/Both

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes No If yes, describe in full:
A conviction will not necessarily disqualify the applicant for the position.

Have you ever been discharged or asked to resign from a position? Yes No If yes, describe in full:

HUMAN RESOURCE ived in HR:

Transcript Attached: YES NO

Education * Copies of transcript(s) **MUST** be included to be considered for a position.

	Name & Location of School/College/University	Type of Degree	Credit Hours	Major or Course of Study
High School		<input type="checkbox"/> Diploma <input type="checkbox"/> GED	Do not list	Do not list
Technical, Junior, or Community College		<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> AA Degree <input type="checkbox"/> AAS Degree	___ Credit Hrs. Were you a graduate? <input type="checkbox"/> Yes Year ___ <input type="checkbox"/> No	
College or University		<input type="checkbox"/> BA, AB <input type="checkbox"/> BS <input type="checkbox"/> _____	___ Credit Hrs. Were you a graduate? <input type="checkbox"/> Yes Year ___ <input type="checkbox"/> No	
Graduate School		<input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> MEd <input type="checkbox"/> Doctorate	___ Credit Hrs. Were you a graduate? <input type="checkbox"/> Yes Year ___ <input type="checkbox"/> No	
Additional Education		<input type="checkbox"/> _____		

Experience - Please list most current employer first (this section must be completed in its entirety).

Employer Name		Employer Address		Employer Phone Number
Job Title		Name of Supervisor		Title of Supervisor
Dates of Employment Begin Date	End Date	Starting Salary	Ending Salary	Full-time: Years Months Part-time: Years Months If part time, number of hours worked per week:
Job Description				
Reason for Leaving			May we inquire of this employer about your character and qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name	Employer Address		Employer Phone Number
Job Title	Name of Supervisor		Title of Supervisor
Dates of Employment Begin Date End Date -	Starting Salary	Ending Salary	Full-time: Years Months Part-time: Years Months If part time, number of hours worked per week:
Job Description			
Reason for Leaving		May we inquire of this employer about your character and qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name	Employer Address		Employer Phone Number
Job Title	Name of Supervisor		Title of Supervisor
Dates of Employment Begin Date End Date -	Starting Salary	Ending Salary	Full-time: Years Months Part-time: Years Months If part time, number of hours worked per week:
Job Description			
Reason for Leaving		May we inquire of this employer about your character and qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer Name	Employer Address		Employer Phone Number
Job Title	Name of Supervisor		Title of Supervisor
Dates of Employment Begin Date End Date -	Starting Salary	Ending Salary	Full-time: Years Months Part-time: Years Months If part time, number of hours worked per week:
Job Description			
Reason for Leaving		May we inquire of this employer about your character and qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education Philosophy Statement

Education is our mission. James Sprunt Community College expects high standards from both faculty and staff in oral and written communications. Please write a statement in **your own handwriting** stating why you desire employment in the position applied for and why you would be successful in this position.

References

Please include at least three professional/work references:

Name	E-mail Address	Primary Phone Number	Type of Reference
			Professional
			Professional
			Professional
			<input type="checkbox"/> Personal <input type="checkbox"/> Professional
			<input type="checkbox"/> Personal <input type="checkbox"/> Professional

INTERESTS & ACTIVITIES: List hobbies, awards, current professional organization memberships, committee work, additional work experience, articles/books published, civic activities, accomplishments, etc. Please **EXCLUDE** all information indicative of age, sex, race, religion, color, national origin, or personal disability.

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

Certification

James Sprunt Community College does not pay for interview travel costs and/or relocation.

Applicants for faculty positions who accept an interview will be asked to demonstrate proficiency in oral and written communications in the language in which the assigned courses will be taught.

Applicants for positions which require a specific degree, certification, or license will be required to have official transcripts or documentation on file with the College within 30 days of their hire date.

Proof of citizenship or immigration status will be required of all applicants upon employment.

I certify that all of the statements 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 College or its designee to investigate all statements and information provided on this application or attached thereto. I understand that false information or the omission of relevant information may be grounds for rejection of my application and/or dismissal if employed. I release from all liability and agree to hold harmless, all former employers, references, and persons providing information about my experience, education and abilities.

I understand that nothing contained in this application or in the interview process is intended to create an employment contract between the College and me.

Signature

Date

Request for Information Authorization

Date:		
First Name	Middle Name (if applicable)	Last Name
Social Security Number:	Date of Birth:	
Address:		
City	State	Zip
N.C. Teachers and State Retirement No. (if active)		

To Whom It May Concern:

I am making application for employment at James Sprunt Community College. I request that you provide the Human Resources Department information that they may require concerning my employability.

Thank you for your assistance.

Authorized Signature of Applicant

Statement of Selective Service Registration Compliance

Please select one of the following statements:

- I certify that I am not required to be registered with the Selective Service because:
- I am female.
 - I am in the armed services on active duty (Note: Members of the Reserves and National Guard not on full-time active duty must register).
 - I am under the age of 18.
 - I was born before 1960.
 - I am a permanent resident of the Trust Territory of the Pacific Islands or the Northern Mariana Islands.
- I certify that I am registered with the Selective Service.

Print Name

Signature

Date

Equal Employment Opportunity Information Form

James Sprunt Community College is an equal opportunity institution that encourages diversity, and does not discriminate against race, color, religion, national origin or ancestry, age, sex, marital status, sexual orientation, disability, or other protected category under North Carolina and Federal law. Compliance with Section 504 of the Rehabilitation Act of 1973 and with the Americans with Disabilities Act (ADA) is a priority of the College. Contact Kristy Brinson, Director of Human Resources, concerning issues related to Section 504 and ADA Compliance at (910) 296-1429 or kbrinson@jamesprunt.edu.

The sole purpose of the information requested below is to comply with record-keeping, reporting, and other legal requirements. Periodic reports to governmental agencies may be made on the following information. **The completion of this form is optional.** If you choose to volunteer the requested information, please note that this form is kept in a confidential file and is not part of your application for employment. Inclusion or exclusion of any data will not affect any employment decision. The information will be used to assess how well our recruitment efforts are reaching all segments of the population.

Date:		
First Name	Middle Name (if applicable)	Last Name
Date of Birth:	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Citizenship: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Foreign National <input type="checkbox"/> Non-Resident Foreign National
Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Non-Hispanic or Latino		
Race If you checked "Non-Hispanic or Latino," then please select one or more of the race categories listed below: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native		
Handicap: A handicap is any impairment which substantially limits a major life function. This information is optional and will be maintained confidentially. Failure to provide this information will not subject you to any adverse treatment. <input type="checkbox"/> Visual impairment/blindness <input type="checkbox"/> Hearing impairment/deafness <input type="checkbox"/> Cardiovascular disorder <input type="checkbox"/> Emotional/mental disorder <input type="checkbox"/> Nervous system/neurological disorder (example: epilepsy) <input type="checkbox"/> Respiratory impairment <input type="checkbox"/> Loss or impairment of upper or lower limbs		

Military Service/Veteran's Preference

If declaring veteran's preference, please submit a Report of Separation (DD Form 214, Certificate of Release or Discharge from Active Duty, or similar form used by the military services).	Have you served in the Armed Forces of the United States on active duty, for reasons other than training, and been discharged under other than dishonorable conditions? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you wish to declare a service-related disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you wish to declare eligibility for veteran's preference as the spouse of a disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide the following information regarding the qualifying active military service	
Dates of Service	Branch
	Rank
Human Resources Use Only: Eligible for veteran's preference? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Rev. 9/1/11