



EMPLOYMENT APPLICATION

411 NORTH FRONT STREET • WILMINGTON, NORTH CAROLINA 28401-3910
 PHONE (910) 362-7312 • FAX (910) 362-7259 • website <http://www.cfcc.edu/jobs>

DATE _____

Specific title of

1. POSITION APPLIED FOR _____ PVA# _____

Are you available to work (A SEPARATE application form must be completed for EACH position for which you are applying.)

- FULL-TIME PART-TIME 9 MONTHS 12 MONTHS
(for teaching positions only)

2. PERSONAL DATA SOCIAL SECURITY NUMBER _____

NAME _____
LAST FIRST MIDDLE MAIDEN

PREFERRED NAME _____ EMAIL ADDRESS _____

ADDRESS _____
STREET NUMBER OR PO BOX CITY STATE ZIP

TELEPHONE: HOME () _____ WORK () _____

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

YES NO

Have you filed an application here before? YES NO Have you worked here before? YES NO

WHEN _____ POSITION _____ WHEN _____ POSITION _____

List names and relationships of any family members who work here.

3. EDUCATION A copy of transcripts, licensure or certification as applicable is required before this application can be processed.

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

Schools	Name and Location	Graduate	Major/Minor Course Work	Type of Degree Received	FOR PERSONNEL USE ONLY
High School		Yes No			NSI
Technical School/College		Yes No			INR
College(s) University(ies)		Yes No			IRNS W
Graduate or Professional		Yes No			
Other Education		Yes No			

Licenses and Certifications. Give dates and sources of issuance. _____

4. EMPLOYMENT EXPERIENCE A resume may not be used as a substitute but may be attached.

For each position, indicate number of people you supervised if any and type of supervision (ex. line, functional, technical). In listing prior work experience, include military and volunteer service. Use additional paper if more space is needed.

Present or Last Employer _____ Job Title _____

Employer's Address _____ Supervisor _____ Telephone _____

Dates Worked: From _____ to _____ Full-time _____
month /year month /year Total Number Years / Months

Starting Salary _____ Ending Salary _____ Part-time _____
Total Number Years / Months

Duties: _____
Number of hours per week

Reason for Leaving: _____

If currently working here, may we contact this employer for a reference? Yes No

Next Employer _____ Job Title _____

Employer's Address _____ Supervisor _____ Telephone _____

Dates Worked: From _____ to _____ Full-time _____
month /year month /year Total Number Years / Months

Starting Salary _____ Ending Salary _____ Part-time _____
Total Number Years / Months

Duties: _____
Number of hours per week

Reason for Leaving: _____

Next Employer _____ Job Title _____

Employer's Address _____ Supervisor _____ Telephone _____

Dates Worked: From _____ to _____ Full-time _____
month /year month /year Total Number Years / Months

Starting Salary _____ Ending Salary _____ Part-time _____
Total Number Years / Months

Duties: _____
Number of hours per week

Reason for Leaving: _____

Next Employer _____ Job Title _____

Employer's Address _____ Supervisor _____ Telephone _____

Dates Worked: From _____ to _____ Full-time _____
month /year month /year Total Number Years / Months

Starting Salary _____ Ending Salary _____ Part-time _____
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Duties: _____
Number of hours per week

Reason for Leaving: _____

Next Employer _____ Job Title _____

Employer's Address _____ Supervisor _____ Telephone _____

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Starting Salary _____ Ending Salary _____ Part-time _____
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Duties: _____
Number of hours per week

Reason for Leaving: _____

Next Employer _____ Job Title _____

Employer's Address _____ Supervisor _____ Telephone _____

Dates Worked: From _____ to _____ Full-time _____
month /year month /year Total Number Years / Months

Starting Salary _____ Ending Salary _____ Part-time _____
Total Number Years / Months

Duties: _____
Number of hours per week

Reason for Leaving: _____

5. OTHER QUALIFICATIONS AND TRAINING

Describe other special qualifications; skills with tools, machines, and equipment; and courses, workshops, or other training which relate to the position for which you are applying

CFCC 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 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 prior to their hire date.

Security checks are required for all applicants who accept regular employment and for applicants who accept certain part-time employment. Proof of citizenship or immigration status will be required of all applicants upon employment. □

A SEPARATE APPLICATION IS REQUIRED FOR EACH POSITION FOR WHICH YOU APPLY

AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all policies and procedures of Cape Fear Community College.

SIGNATURE

DATE

Cape Fear Community College is an affirmative action/equal employment opportunity employer, making selections on the basis of knowledge, skills and abilities without regard to race, color, religion, national origin, sex, age or other non-relevant factors.

EQUAL OPPORTUNITY INFORMATION

The information requested below is to help us determine how well our recruiting efforts are reaching all segment of the population. It will in no way affect you as an applicant. **SUBMISSION IS VOLUNTARY.**

DATE OF BIRTH _____
Month Day Year

SEX Male Female

ETHNIC GROUP

- White (Caucasian, non-Hispanic)
- African-American
- American Indian (including Alaskan native)
- Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race)
- Asian (including Pacific Islander)

HANDICAP: A handicap is any impairment which substantially limits a major life function. This information is optional. Failure to provide it will not subject you to any adverse treatment. It will be maintained confidentially.

- Visual impairment/ Blindness
- Hearing impairment/ Deafness
- Cardiovascular disorder
- Emotional/ Mental disorder
- Nervous System/ neurological disorder (ex. Epilepsy)
- Respiratory impairment
- Loss or impairment of upper or lower limbs
- Disabling diseases (arthritis, diabetes, etc.)
- Other (explain) _____

Please indicate your referral source:

- Job Posting/Employee at CFCC
- NC Employment Security Commission
- Job Posting at other College/University
- Newspaper – Name _____
- Internet – Which site _____
- Other _____

FOR OFFICIAL USE ONLY DATABASE STATUS ID # _____