

When completing this application, please make sure you:

1. Type or write with black ink in a legible manner.
2. Give complete information on your education and work history (a resume may not be substituted for this application form and this application form must be completed in its entirety, or it may be rejected by Tri-County Community College.)
3. Indicate N/A when a questions is not applicable to position.
4. Please do not provide any personal information other than specifically requested on the application form.
5. Official transcripts and copies of licensure or certification will be required if hired by Tri-County Community College (TCCC).
6. TCCC follows state guidelines in employing only US citizens or aliens who can provide proof of identity and work authorization within 3 working days of employment.

Application for Employment

Main Campus
 21 Campus Circle
 Murphy, NC 28906
 828-837-6810

Graham County Center
 145 Moose Branch Road/PO Box 1997
 Robbinsville, NC 28771
 828-479-9256



Position For Which You Are Applying: _____
(Applications are kept on file for two years)

Personal			
Name:			
Last	First	Middle	
Address:			
City		State	Zip
Telephone:			
Home	Work	Other	
Social Security Number:		E-mail:	

Have you ever been employed at TCCC before? Yes No

Are you related by blood or by marriage to any person now working for Tri-County Community College or serving as a College Trustee? Yes No

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 the job for which you are applying.) Yes No (If yes, explain fully on an additional sheet.)

Check the types of work you will accept: Full-time Part-time Temporary Full-time Temporary Part-time Work involving travel Any of the preceding

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

Education			
High School	Name:		Address:
Technical School/ College	Name:		Address:
	Course or Major:		Years Completed: _____ Hours Completed: _____
College/ University	Name:		Address:
	Program or Major:	Degree:	Years Completed: _____ Hours Completed: _____
Graduate/ Professional School	Name:		Address:
	Program or Major:	Degree:	Years Completed: _____ Hours Completed: _____

Skills and Credentials			
Complete if Applicable to Position: CHECK the following skills, experiences, etc., which you have:			
<input type="checkbox"/> Driver's License Number _____ State _____	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Shorthand _____	<input type="checkbox"/> Adding Machine/Calculator
<input type="checkbox"/> Commercial Driver's License Number _____ State _____	<input type="checkbox"/> Computer Skills - i.e., programs _____	<input type="checkbox"/> Legal Transcription	<input type="checkbox"/> Copy Machine
<input type="checkbox"/> Car for use at work	_____	<input type="checkbox"/> Medical Transcription	<input type="checkbox"/> Fax
	_____	<input type="checkbox"/> Sign Language	<input type="checkbox"/> Receptionist / Telephone
	_____	<input type="checkbox"/> Braille	<input type="checkbox"/> Typing (specify WPM) _____
	_____	<input type="checkbox"/> Foreign Language (specify) _____	<input type="checkbox"/> Other: _____

Military Service	
If you are subject to Military Selective Service Registration, please certify compliance by initializing the line: _____	
Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you wish to declare a service-connected disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
At the time of this application, 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 veterans preference as the spouse of a disabled veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Give dates of your (or spouse's) qualifying active military service:	
Entered: _____	Separated: _____ Branch: _____ Rank: _____

Employment	
Company Name:	Telephone:
Address:	Length of Employment (mo./year) From: _____ To: _____
Name of Supervisor:	Salary Starting: _____ Ending: _____
Job Title - Description of your work	Reason for Leaving:

Equal Opportunity Information

State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex or age is a bona fide 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 <input type="text"/> / <input type="text"/> / <input type="text"/> Month Day Year	Sex <input type="checkbox"/> M <input type="checkbox"/> F	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 form 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.														
Ethnic Group 1. <input type="checkbox"/> White (non-Hispanic) 2. <input type="checkbox"/> Black (non-Hispanic) 3. <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race) 4. <input type="checkbox"/> Asian (including Pacific Islander) 5. <input type="checkbox"/> American Indian (including Alaskan native)		<table style="width:100%; border: none;"> <tr> <td style="width:33%;">A <input type="checkbox"/> None/Prefer not to respond</td> <td style="width:33%;">G <input type="checkbox"/> Respiratory impairment</td> </tr> <tr> <td>B <input type="checkbox"/> Blind or severely visually impaired</td> <td>H <input type="checkbox"/> Nervous system / Neurological disorder</td> </tr> <tr> <td>C <input type="checkbox"/> Deaf or severely hearing impaired</td> <td>I <input type="checkbox"/> Mentally restored</td> </tr> <tr> <td>D <input type="checkbox"/> Loss of limited us of arms and/or hands</td> <td>J <input type="checkbox"/> Mental retardation</td> </tr> <tr> <td>E <input type="checkbox"/> Non-ambulatory (must use wheelchair)</td> <td>K <input type="checkbox"/> Learning disability</td> </tr> <tr> <td>F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.</td> <td>L <input type="checkbox"/> Other (heart disease, diabetes, speech impairment)</td> </tr> <tr> <td></td> <td>M <input type="checkbox"/> Other (please specify) _____</td> </tr> </table>	A <input type="checkbox"/> None/Prefer not to respond	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 of limited us 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, spina bifida, etc.	L <input type="checkbox"/> Other (heart disease, diabetes, speech impairment)		M <input type="checkbox"/> Other (please specify) _____
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Employment

Company Name:	Telephone:
Address:	Length of Employment (mo./year) From: _____ To: _____
Name of Supervisor:	Salary Starting: _____ Ending: _____
Job Title - Description of your work	Reason for Leaving:

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Membership (Professional Memberships relevant to position)

Professional Statement

Use the space below to provide a professional statement that reflects your educational philosophy, particularly as it pertains to your speciality and any views or opinions on how the College can benefit from your services.
This is an important part of your application. (Attach a separate sheet, if more space is needed.) Please attach resume or other pertinent materials if desired.

References (List people who will certify to your character, ability, experience and qualifications for the position, other than relatives.)

Name:	Address:	Telephone:
Name:	Address:	Telephone:
Name:	Address:	Telephone:

Signature

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my employment, I authorize the educational institution, associations, registration and licensing boards, and others to furnish whatever detail 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. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 14-122.1) I further agree to release former employers and other references from liability.

Signature
(Unsigned applications will not be processed)

Date

Tri-County Community College is accredited by the Commission of Colleges of the Southern Association of Colleges and Schools to award associate degrees. Contact the Commission on Colleges at: 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Tri-County Community College. The College is also approved by the North Carolina Board of Cosmetic Arts, the North Carolina Board of Nursing, and the American Association of Medical Assistants.

An Equal Opportunity Employer

Revised August 2009