

# JOHNSTON COMMUNITY COLLEGE

## EQUAL OPPORTUNITY INFORMATION

State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. 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.

POSITION APPLIED FOR: \_\_\_\_\_

|                     |  |
|---------------------|--|
| Date of Birth _____ | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
|---------------------|--|

### ETHNIC GROUP

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

### 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.

- |   |  |
|---|--|
| A <input type="checkbox"/> None/Prefer not to report  | 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 use of arms and/or hands   | J <input type="checkbox"/> Mentally retardation                                |
| E <input type="checkbox"/> Non-ambulatory (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"/> Others (heart disease, diabetes, speech impairment) |
|   | M <input type="checkbox"/> Other (please specify) _____                        |

Date of Application:

\_\_\_\_\_



Retirement No., If Active

\_\_\_\_\_

P.O. Box 2350  
Smithfield, N.C. 27577

### APPLICATION FOR EMPLOYMENT

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

- 1. \_\_\_\_\_ 3. \_\_\_\_\_
- 2. \_\_\_\_\_ 4. \_\_\_\_\_

If position applied for was made known to you through advertisement by the College, please indicate the newspaper, Or other source, that alerted you to the position vacancy:

\_\_\_\_\_

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|  |                      |                         |                          |
|--|----------------------|-------------------------|--------------------------|
| (LAST NAME)                                  | (FIRST NAME)         | (MIDDLE OR MAIDEN NAME) | (SOCIAL SECURITY NUMBER) |
| (STREET & NO.)                               | (CITY)               | (COUNTY)                | (STATE) (ZIP CODE)       |
| (TELEPHONE-HOME OR WHERE YOU CAN BE REACHED) | (TELEPHONE-BUSINESS) |                         |                          |

**CITIZENSHIP:** \_\_\_\_ U.S. \_\_\_\_ OTHER

**Johnston Community College employs only U.S Citizens or allens who can provide proof of Identity and work authorization within three working days of employment.**

**MILITARY SERVICE:**

Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? \_\_\_\_ 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

Give the dates of your qualifying active military service:

Entered: \_\_\_\_\_ Separated: \_\_\_\_\_ Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Are you a member of the military Reserve? \_\_\_\_ YES \_\_\_\_ NO Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

May inquiry be made of your present employer regarding your character, qualifications, etc. \_\_\_\_ Yes \_\_\_\_ No

Have you filed an application for employment with Johnston Community College within the last three years? \_\_\_\_ 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.)

*I understand that, by submitting this application, a criminal records background check may be conducted by the College as part of the application process in accordance with G.S 114-19.3, and that such information may be considered by the College in making a hiring determination.*

Are you related by blood or marriage to any person now being employed by the College? \_\_\_\_ Yes \_\_\_\_ No

If so, give name and relationship \_\_\_\_\_

Will you accept employment involving travel? \_\_\_\_ Yes \_\_\_\_ No

**REFERENCES:**

- (A) Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone# \_\_\_\_\_
- (B) Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone# \_\_\_\_\_
- (C) Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone# \_\_\_\_\_

**EDUCATION** -- Give your complete educational history below.

Elementary Name Location Ending Date Highest school year completed (1-12)  
 or  
 High School

Did you either graduate from high school or pass the High School Equivalency Test? Yes No

| Education Beyond High School     | Name and Location | Attended | Number Yrs, Completed (1-4) | Credit Hours | Did you Graduate? | Diploma and Year Received | Major Subject |
|----------------------------------|-------------------|----------|-----------------------------|--------------|-------------------|---------------------------|---------------|
| College Or University            |                   |          |                             |              | Yes No            |                           |               |
| Graduate or Professional         |                   |          |                             |              | Yes No            |                           |               |
| Other education Internship, Etc. |                   |          |                             |              | Yes No            |                           |               |

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

List typing and shorthand skills, machines you can operate, computer skills, and other skills in which you are proficient.

If the position applied for calls for specific courses, indicate courses and credits received.

**EMPLOYMENT RECORD**-Answer questions for each period of employment. Include previous employment with the State of North Carolina, military service, and related volunteer work. Failure to give complete information may result in rejection of your application. Begin with your present or last position.

A. Title of present or last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

|                                 |       |        |
|---------------------------------|-------|--------|
| Date employed                   |       |        |
| Date separated                  |       |        |
| Full-time                       | Years | Months |
| Part-time                       | Years | Months |
| Number of hours worked per week |       |        |

Name and title of supervisor \_\_\_\_\_ No. of employees sup. by you \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Duties \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

B. Title of next to last position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

|                                 |       |        |
|---------------------------------|-------|--------|
| Date employed                   |       |        |
| Date separated                  |       |        |
| Full-time                       | Years | Months |
| Part-time                       | Years | Months |
| Number of hours worked per week |       |        |

Name and title of supervisor \_\_\_\_\_ No. of employees sup. by you \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Duties \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

C. Title of next position \_\_\_\_\_ Starting salary \_\_\_\_\_ Last salary \_\_\_\_\_

|                                 |       |        |
|---------------------------------|-------|--------|
| Date employed                   |       |        |
| Date separated                  |       |        |
| Full-time                       | Years | Months |
| Part-time                       | Years | Months |
| Number of hours worked per week |       |        |

Name and title of supervisor \_\_\_\_\_ No. of employees sup. by you \_\_\_\_\_  
 Employer \_\_\_\_\_ Address \_\_\_\_\_  
 Duties \_\_\_\_\_  
 \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

**CERTIFICATE OF APPLICANT**

I certify that I have given true, accurate and complete information to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and any other agency to furnish whatever information 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. Further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: N.C.G.S. 126-30, N.C.G.S 14-122.1)

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)