

EDUCATION

Note: Unofficial transcripts must be submitted with application. If position is offered official transcripts will be required.

Education	Name & Location	Dates Attended	Graduate (Y/N)	Major/Minor	Degree Received	Year Received
High School Diploma/GED			Yes			
			No			
Associates Degree			Yes			
			No			
Bachelor's Degree			Yes			
			No			
Master's Degree			Yes			
			No			
Other Graduate/Professional			Yes			
			No			

PROFESSIONAL INVOLVEMENT

List any professional certifications, licenses and any other training/credentials/honors related to the position you are applying for.

ADDITIONAL INFORMATION

Please list any other pertinent information related to the position for which you are applying.

REFERENCES

Please list 3 professional references who have first-hand knowledge of your qualifications for the position for which you are applying.

1. _____
(Name) (Relationship to Applicant) (Contact Number) (Email)
2. _____
(Name) (Relationship to Applicant) (Contact Number) (Email)
3. _____
(Name) (Relationship to Applicant) (Contact Number) (Email)

EMPLOYMENT HISTORY

IMPORTANT: Please fill out work history completely, attach additional pages if necessary. Beginning with your last/current employment, include any paid/unpaid experience. **Resumes/vitae are not accepted as a substitute for the application work history. Salary calculations are based on work experience listed on the application.**

A. Current or Most Recent Employment

Employer: _____ Address: _____

Position: _____ Supervisor Name & Title: _____

Telephone Number: _____ Starting Salary: \$ _____ Ending Salary \$: _____ No. Supervised _____

Date Employed (mo/yr):		
Date Separated (mo/yr):		
Full-Time	Years	Months
Part-Time	Years	Months
If Part-Time, # of hours Worked per week:		

Duties:

Reason for leaving: _____ May we contact employer? Yes No

B. Previous Employment

Employer: _____ Address: _____

Position: _____ Supervisor Name & Title: _____

Telephone Number: _____ Starting Salary: \$ _____ Ending Salary \$: _____ No. Supervised _____

Date Employed (mo/yr):		
Date Separated (mo/yr):		
Full-Time	Years	Months
Part-Time	Years	Months
If Part-Time, # of hours Worked per week:		

Duties:

Reason for leaving: _____ May we contact employer? Yes No

C. Previous Employment

Employer: _____ Address: _____

Position: _____ Supervisor Name & Title: _____

Telephone Number: _____ Starting Salary: \$ _____ Ending Salary \$: _____ No. Supervised _____

Date Employed (mo/yr):		
Date Separated (mo/yr):		
Full-Time	Years	Months
Part-Time	Years	Months
If Part-Time, # of hours Worked per week:		

Duties:

Reason for leaving: _____ May we contact employer? Yes No

CERTIFICATION

Please read carefully before signing.

I certify that all information on this application is correct. I authorize any agent or employee of the College to verify this information. Such reference calls may include persons other than those that I have listed as references in my application materials. I will hold neither the inquiring party/organization nor the responding party/organization liable for information exchanged regarding the execution of my former employment. I understand that any information released by my prior employers will be held in strictest confidence, that it will be viewed only by those involved in the hiring decision, and that I waive any rights to see this information.

I certify to the best of my knowledge, the information given truly represents my background and experiences. I understand that if I have knowingly misrepresented or falsified any of this information, I may be disqualified from employment considerations or dismissed from employment with Martin Community College.

I understand that employment may be contingent upon a satisfactory background investigation of any or all of the following records: criminal, motor vehicle, credit, reference checks, and/or drug test.

Applicant Signature: _____ Date: _____

SUBMISSION OF APPLICATION

All applications must be signed and mailed or emailed with unofficial copies of academic and professional documents specified in the position's minimum qualification requirements, cover letter and resume, and references to:

Martin Community College
Office of Human Resources
1161 Kehukee Park Road Williamston, NC 27892

OR

humanresources@martincc.edu



Martin Community College Equal Opportunity Information

1161 Kehukee Park Road
Williamston, NC 27892
www.martincc.edu

Martin Community College policy prohibits discrimination on the basis of race, color, religion, national origin, sex, age or disability. It is the College's intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors. The requested information will not affect processing of your application. It will be used only to see how well our recruitment efforts are reaching all segments of the population and to meet statistical requirement efforts set forth by State and Federal regulations.

This section of information is confidential and only viewed by the Office of Human Resources.

MILITARY SERVICE (If declaring veteran's preference, please submit DD214, Certificate of Release or Discharge, or similar form)

Have you served honorably in the Armed Forces of the United States on active duty for reason 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

Do you wish to declare eligibility for veteran's 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: _____

DISABILITY (A disability is any impairment which substantially limits a major life function)

Please check any that apply:

- | | |
|-----------------------------|--|
| Visual Impairment/Blindness | Respiratory Impairment |
| Hearing Impairment/Deafness | Loss or Impairment of Upper and/or Lower Limbs |
| Cardiovascular Disorder | Disabling Diseases (arthritis, diabetes, etc.) |
| Emotional/Mental Disorder | Other (please specify): _____ |
| Neurological/Nervous System | _____ |

Are you able to perform the essential functions of the position as described on the position announcement with or without reasonable accommodation? YES NO

DEMOGRAPHIC INFORMATION

Date of Birth: _____

- | | | | |
|---------|---------------------|------------|-------------------------------|
| Gender: | Male | Ethnicity: | Native American/Alaska Native |
| | Female | | Asian |
| Race: | Hispanic/Latino | | Black/African-American |
| | Non-Hispanic/Latino | | Hawaiian/Pacific Islander |
| | | | White/Caucasian |
| | | | Other |

ADDITIONAL EMPLOYMENT HISTORY

D. Previous Employment

Employer: _____ Address: _____

Position: _____ Supervisor Name & Title: _____

Telephone Number: _____ Starting Salary: \$ _____ Ending Salary \$: _____ No. Supervised _____

Date Employed (mo/yr):		
Date Separated (mo/yr):		
Full-Time	Years	Months
Part-Time	Years	Months
If Part-Time, # of hours Worked per week:		

Duties:

Reason for leaving: _____ May we contact employer? Yes No

E. Previous Employment

Employer: _____ Address: _____

Position: _____ Supervisor Name & Title: _____

Telephone Number: _____ Starting Salary: \$ _____ Ending Salary \$: _____ No. Supervised _____

Date Employed (mo/yr):		
Date Separated (mo/yr):		
Full-Time	Years	Months
Part-Time	Years	Months
If Part-Time, # of hours Worked per week:		

Duties:

Reason for leaving: _____ May we contact employer? Yes No

F. Previous Employment

Employer: _____ Address: _____

Position: _____ Supervisor Name & Title: _____

Telephone Number: _____ Starting Salary: \$ _____ Ending Salary \$: _____ No. Supervised _____

Date Employed (mo/yr):		
Date Separated (mo/yr):		
Full-Time	Years	Months
Part-Time	Years	Months
If Part-Time, # of hours Worked per week:		

Duties:

Reason for leaving: _____ May we contact employer? Yes No