



# APPLICATION FOR EMPLOYMENT

## Wallace State Community College

<b>Position Information</b>	Title of position for which you are applying:						
					Date of Application		
<b>Personal Information</b>	Last Name		First Name		Middle Initial		
	Address		City		State	Zip	
	<b>Contact Information</b>						
	Phone: Home		Work	Cell		E-mail Address	
<b>Secondary and Postsecondary Education</b>		School/College		Dates Attended From / To	Major	Minor	Degree(s) Earned
	High School/ GED						
	College						
	College						
	College						
	Other (Specify)						
<b>Employment History</b>	<b>Please list most recent employment experience first.</b>						
	Employer			Telephone Number		<b>Job Duties</b>	
	Address			Dates of Employment			
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			Hourly Rate/Salary			
	Reason for Leaving						

Employment History (Continued)	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly Rate/Salary	
	Reason for Leaving		
Employment History (Continued)	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly Rate/Salary	
	Reason for Leaving		
Employment History (Continued)	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly Rate/Salary	
	Reason for Leaving		
Employment History (Continued)	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly Rate/Salary	
	Reason for Leaving		
Employment History (Continued)	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly Rate/Salary	
	Reason for Leaving		

May we contact your current employer?  Yes  No

Skills, Awards, Certificates or Professional Activities	

<b>References</b>	<b>Please list three references, other than relatives, who can provide information verifying qualifications, character, and/or work experience.</b>		
	Name and Title	Address	Phone Number
<b>Family Relationship</b>	For the purposes of disclosure, relative includes the following: spouse, dependent, adult child and his or her spouse, parent, spouse's parents, sibling and his or her spouse.		
	Are you a relative of any employee in the Alabama Community College system, including Wallace State Community College, or any member of the State Board of Education? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, list the name(s), relationship, and employer/position of relative(s):		
<b>Felony Conviction(s)</b>	Have you ever been convicted of or pled no contest or guilty to any felony or any crime involving theft, dishonesty, violence, or sexual misconduct? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, explain below:		
<b>Consent Agreement</b>	I represent and warrant that the information I have given on this application is full and true to the best of my knowledge and belief. I further acknowledge that I understand that I must provide documented verification of education, experience, and required certifications and/or licensures. And further, I represent and warrant that I have answered fully and truthfully all questions regarding criminal convictions/records. <b>I understand that any offer of employment is contingent upon a satisfactory criminal background investigation and I hereby authorize my employing authority within the Alabama Community College System and/or its assigns to conduct a criminal background history investigation. I understand that in the event a conviction for a felony or any crime involving moral turpitude is found that the procedures set out in the guidelines for State Board Policy 623.01 will be followed. I further understand that I will be responsible for the cost of said criminal background check.</b> I hereby expressly request, and give permission to, former employers and any persons who may have pertinent information concerning this application to furnish such information to college officials. I agree to hold such persons harmless, and I do hereby release them from any and all liability for damage of any nature whatsoever for furnishing such information. I understand that failure to provide full and true information on this application may result in disqualification or dismissal.		
	Signature of Applicant	Date	

Are you a member of the Alabama Community College System Applicant Pool?  Yes  No

Return to: Wallace State Community College  
**Attention: Human Resources Department**  
P.O. Box 2000  
Hanceville, AL 35077  
(256) 352-8295

It is the policy of the Alabama Department of Postsecondary Education, including all postsecondary institutions under the control of the Alabama State Board of Education, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment. (Each institution will make reasonable accommodations for qualified disabled applicants or employees.)

**REQUEST, AUTHORIZATION, CONSENT, AND RELEASE  
FOR BACKGROUND INFORMATION**

I have been informed and acknowledged that on December 13, 2007 the State Board of Education adopted Policy 623.01 requiring criminal background checks for all new and current employees.

I understand that I may voluntarily consent to the use of my social security account number for the purpose of conducting a criminal background check. I further understand that my voluntary consent to use my social security account number is being requested for purposes of conducting a criminal background check, pursuant to the authority of the State School Board Policy 623.01. I understand that neither the Department of Postsecondary Education nor any employing authority within the Alabama Community College System will deny me any right, benefit or privilege provided by law because of my refusal to voluntarily consent to the use of my social security account number for the limited purpose of conducting a criminal background check pursuant to Policy 623.01.

\_\_\_\_\_ I voluntarily consent to the use of my social security account number for the limited purpose of conducting a criminal background check.

\_\_\_\_\_ I do not consent to the use of my social security account number for the limited purpose of conducting a criminal background check.

The information I have given in my employment application, interviews, and/or related resumes and documents is true, complete, and accurate.

I understand and agree that if employed, and/or during any period of employment, any false statements, misrepresentations of facts, or omission made by myself become known, my employment shall be subject to immediate termination.

I understand that in the event a conviction for a felony or any crime involving moral turpitude is found that the procedures set out in the guidelines for State Board Policy 623.01 will be followed.

I have read and completely understand this release.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name (Please print): \_\_\_\_\_

