

Alabama Community College System

Application No.	
Date Received	

APPLICATION FOR EMPLOYMENT Wallace State Community College

tion	WORK-STUDY How many hours (up to 18) can you work weekly? Today's Date:										
Position Information	Please select the position(s) for which you are interested in applying: () Clerical () Maintenance () America Reads(Elementary School Tutor) Student #:										
	Last Name First N			Name	lame				Middle Initial		
Personal Information	Address			City	City				State Zip		
Pel Ifol				Conta	ct Infor	mation					
드	Phone: Home Work				Cell				nail Address		
			School/C	ol/College		Dates Attended From / To		Major	Minor	Degree(s) Earned	
Secondary and Postsecondary Education	High School/ GED										
Secondary and secondary Educ	College										
Secc	College										
Po	Major while at WSCC Expected Graduation Date										
	Please list most recent employment experience first.										
ment History	Employer			Tele	Telephone Number			Job Duties			
	Address			Dat	Dates of Employment						
Employm	Title ☐ Full-time ☐ Part-time				ie Hou	Hourly Rate/Salary					
	Reason for Le	eaving									

	Employer	Telephone Number	Job Duties			
Employment History (Continued)	Address	Dates of Employment				
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۲	Employer	Telephone Number				
Employment History (Continued)	Address	Dates of Employment				
ployment His (Continued)	Title	me Hourly Rate/Salary				
Emj	Reason for Leaving					
May we contact your current employer?						
vards, tes or ional ies						
Skills, Awards, Certificates or Professional Activities						
	Please list three references, other than relatives, who can provide information verifying qualificate character, and/or work experience.					
es S	Name and Title	Address	Phone Number			
References						
Rei						

	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.			
Family Relationship	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? Yes No			
Fa	If yes, list the name(s), relationship, and employer/position of relative(s):			
Re				
(s)	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?			
Felony				
Felony Conviction(s)				
Consent Agreement	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. Further, I represent and warrant that I have answered fully and truthfully all questions regarding criminal convictions/records. 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. 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 the college and 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?				
	Return to: Wallace State Community College			
	Attention: Human Resources Department			
	P.O. Box 2000			
	Hanceville, AL 35077			

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.)

Revised: 05/2008

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.

Please initial only ONE option:

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 further understand that I will be responsible for the cost of the criminal background check.
I have read and completely understand this release.
Applicant's Signature: Date:
Applicant's Name (Please print):



EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The following information is gathered solely for reporting purposes and will not be used to evaluate the applicant's qualifications, suitability, or desirability for employment.

Name:					
Last	First	Middle			
Date of Birth:					
Ethnic Background (check one):		Gender (check	one):		
Native American White, not of Hispanic origin Hispanic Black, not of Hispanic origin Asian/Pacific Islander Multi-racial Other		Male Female			
MISCELL	ANEOUS INF	ORMATION			
Have you ever been employed by the	College?	☐ Yes	☐ No		
Position:	_ Employed: I	From	то		
Supervisor/Department Head:					
Please give name(s), relationship, and by Wallace State Community College		of relative(s) pr	esently employed		