



APPLICATION FOR EMPLOYMENT

Wallace State Community College

Position Information	Title of position for which you are applying: 		Date of Application			
Personal Information	Last Name		First Name		Middle Initial	
	Address		City	State	Zip	
	Contact Information					
	Phone: Home	Work	Cell	E-mail Address		
Secondary and Postsecondary Education		School/College	Dates Attended From / To	Major	Minor	Degree(s) Earned
	High School/ GED					
	College					
	College					
	College					
	Other (Specify)					
Additional Information	Are you currently employed or have been employed within the last twelve months at an Alabama Community College System college? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	If yes, list the name of the college(s) and dates: _____					
Employment History	Please list most recent employment experience first.					
	Employer		Telephone Number		Job Duties	
	Address		Dates of Employment			
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Hr. Rate/Salary (optional)			
	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	Hr. Rate/Salary <i>(optional)</i>	
	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	Hr. Rate/Salary <i>(optional)</i>	
	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	Hr. Rate/Salary <i>(optional)</i>	
	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	Hr. Rate/Salary <i>(optional)</i>	
	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	Hr. Rate/Salary <i>(optional)</i>	
	Reason for Leaving		

May we contact your current employer?

Yes

No

Skills, Awards, Certificates or Professional Activities	

Note: Please provide details of each. May use a separate sheet if necessary.

References	Please list three references, other than relatives, who can provide information verifying qualifications, character, or work experience.		
	Name and Title	Address	Phone Number
Family Relationship	For the purposes of disclosure, relative includes any person related within the fourth degree of affinity or consanguinity to any job, position, or office of profit with state or with any of its agencies.		
	Are you a relative of any employee in the Alabama Community College system, including (name of college), or any member of the Alabama Community College System Board of Trustees? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, list the name(s), relationship, and employer/position of relative(s):		
Felony Conviction(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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, explain below:		
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. And 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 established for the Board of Trustees policy concerning criminal background checks 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 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 _____

Visit the ACCS website at www.accs.edu and click 'Job Postings' to sign up for email alerts.

Return to: Wallace State Community College
Attention: Human Resources
P.O. Box 2000
Hanceville, AL 35077
256-352-8029

Wallace State Community College is an equal opportunity employer. It is the policy of the Alabama Community College System, including all postsecondary community and technical colleges under the control of the Alabama Community College System Board of Trustees, that no employee or applicant for employment or promotion, shall be discriminated against on the basis of any impermissible criterion or characteristics including, without limitation, race, color, national origin, religion, marital status, disability, sex, age or any other protected class as defined by federal and state law. Wallace State Community College will make reasonable accommodations for qualified disabled applicants or employees.

NONDISCRIMINATION STATEMENT

Wallace State Community College has filed with the Federal Government an Assurance of Compliance with all requirements imposed by or pursuant to Title VI of the Civil Rights Act of 1964 and the regulations issued thereunder, to the end that no person in the United States shall, on the basis of race, color or national origin, be excluded from participation in, be denied the benefits thereof, or be otherwise subjected to discrimination under any program or activity sponsored by this institution.

The College is committed to providing a workplace and campus community free of sexual harassment and does not discriminate on the basis of sex in its education programs and activities, and it is required by Title IX of the Education Amendments of 1972 not to discriminate in such a manner. This includes, but is not limited to admission and employment and all individuals participating in or attempting to participate in a College sponsored program or activity.

The Title IX Coordinator is Ms. Kristen Holmes, Vice President for Students; 801 Main Street, Hanceville, Alabama 35077, Bailey Center Suite 302; telephone: (256) 352-8233; email: kristen.holmes@wallacestate.edu.

In addition, the College does not discriminate on the basis of disability in its educational programs and activities, pursuant to the requirements of Section 504 of the Rehabilitation Act of 1973, Public Law 93- 112, and the Americans with Disabilities Act of 1990 (ADA), ADAA 2008, Public Law 101-336. This policy extends to application for or employment by and application for or admission to the College. The Section 504 and ADA Coordinator for administrators, faculty and staff is Ms. Alyce Flanigan, Director of Human Resources; 801 Main Street, Hanceville, Alabama 35077; email: alyce.flanigan@wallacestate.edu. The Section 504 and ADA Coordinator for students is Ms. Lisa Smith, Director of Resource Center and ADA; 801 Main Street, Hanceville, Alabama 35077, Bailey Center (7th Floor); telephone: (256) 352-8052; email: lisa.smith@wallacestate.edu. Moreover, the College does not discriminate on the basis of age in its educational programs and activities pursuant to the Age Discrimination Act of 1975.

The College encourages any individual who believes that he or she has been subjected to discrimination or harassment based on their race, color, national origin, age, disability, sex or other protected classification to report the discrimination or harassment to the appropriate College official. The College is committed to conducting a prompt investigation of all allegations of discrimination or harassment based on race, color, national origin, age, disability, sex or other protected classification. Students, administrators, staff and/or contract staff found to have engaged in acts of discrimination or harassment based on an individual's race, color, national origin, age, disability, sex or other protected classification will be promptly disciplined, to include, if circumstances warrant, up to and including suspension or expulsion for students and suspension or termination of employment for staff, faculty and administrators. The College encourages students and College faculty, administrators and staff to work together to prevent acts of discrimination or harassment of any kind.

Persons or any specific class of individuals who believe they have been subjected to discrimination or harassment based on their race, color, national origin, age, disability, sex or other protected classification may, alone or with a representative, file a complaint with the United States Department of Education or with the College, or with both.

For additional information please see <https://www.wallacestate.edu/about-wscc/title-ix>

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

I have been informed and acknowledged that on April 13, 2016, the Alabama Community College System Board of Trustees adopted Policy 623.01 requiring criminal background checks for all new and current employees.

By signing this authorization, I hereby authorize the Alabama Community College System or its designee, to conduct criminal reference searches for felony and misdemeanor convictions at the statewide and national levels of every jurisdiction where I currently reside or where I have previously resided during the past seven years, national sex offender registry searches and a search of my driving record.

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 Alabama Community College System Board of Trustees policy regarding criminal background checks. I understand that neither the Alabama Community College System 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 the Alabama Community College System Board of Trustees policy regarding criminal background checks.

_____ 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.

_____ I consent to the use of my driver's license number to be used for the limited purpose of conducting a review of my driving history.

_____ I do not consent to the use of my driver's license number for the limited purpose of conducting a review of my driving history.

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 established for the Board of Trustees policy concerning criminal background checks will be followed.

I have read and completely understand this release.

Full Name (Please print): _____
 First Middle Last

Street Address: _____
 City State Zip

Social Security #: _____ - _____ - _____ Date of Birth: _____ / _____ / _____

Driver's License Number: _____ State Issued: _____

Phone #: (_____) _____ - _____ Email address: _____

Signature: _____ Date: _____



WALLACE STATE

H A N C E V I L L E

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):

- Native American
- White, not of Hispanic origin
- Hispanic
- Black, not of Hispanic origin
- Asian/Pacific Islander
- Multi-racial
- Other

Gender (check one):

- Male
- Female

MISCELLANEOUS INFORMATION

Have you ever been employed by the College? Yes No

Position: _____ Employed: From _____ To _____

Supervisor/Department Head: _____

Please give name(s), relationship, and department of relative(s) presently employed by Wallace State Community College:
