

Date Applied:		Office Use Only	<i>ı</i> :	
Date Hired:		Status Change	:	
Position:		Keyed:		
Full Time: 🗆 Part Time: 🗆 Temporary: 🗆				
Application For Employment				
Name:				
(Last)	(First)		(Middle)	
Address:				
(Street)	(City)	(State)		(Zip)
Home Telephone: ()	Wo	ork Telephone: ()	
Email:				
SSN:	NC Retirement No. (If Active)			
Membership in Social, Civic, and Professional Organizations:				

Education

College:			
(Name)	(Major)	(Degree)	(Date Completed)
College:			
(Name)	(Major)	(Degree)	(Date Completed)
College:			
(Name)	(Major)	(Degree)	(Date Completed)

Upon employment official transcript of highest degree earned required. Provide additional education on resume.

SPECIAL CERTIFICATION, LICENSE, EXPERTISE, ETC. Copies required.

Employment History

Company:	Phone Number: ()
Address:	Dates Employed:
Position & Job Duties:	
Reason for leaving:	
Company:	Phone Number: ()
Address:	Dates Employed:
Position & Job Duties:	
Reason for leaving:	
Company:	Phone Number: ()
Address:	Dates Employed:
Position & Job Duties:	
Reason for leaving:	
Company:	Phone Number: ()
Address:	Dates Employed:
Position & Job Duties:	
Reason for leaving:	

Attach resume for further employment history – affects salary scale.

References

Name:		Phone Number: ()
Occupation:		Relationship:
Name: Occupation:		Phone Number: ()
Name:		Phone Number: ()
Occupation:		Relationship:
List three people who know of yo	ur training, experience, or other quali	fications but who are not related to you.
Completion of this section	on is optional and used for	statistical purposes.
Marital Status:	Sex:	Birthdate:
M [] S []	M 🗌 F 🗌	
Race:		
White: 🗌	African American:	Indian/Alaskan: 🗌
Hispanic/Spanish: 🔲	Asian/Pacific Island:	

Certificate of Applicant

I certify that all information on this application is accurate, and recognize it is subject to verification and that my employment and / or continuance may be contingent upon its accuracy.

MTCC is hereby authorized to obtain information from my employer(s) and/or references. I hereby release MTCC from any liability in gathering such information and all other person for furnishing such information. If employed, I authorize MTCC to furnish whatever detail is available concerning my qualifications toward the accreditation status of the college and acknowledge that I will implement all policies and procedures set forth in the MTCC Employees Procedures Manual.

I hereby acknowledge that I have read and understand the above and seek employment under these conditions.

Signature

MCDOWELL TECHNICAL COMMUNITY COLLEGE IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Rev. 9/00/3/01