



# PIEDMONT COMMUNITY COLLEGE

## APPLICATION FOR EMPLOYMENT

PO Box 1197  
1715 College Drive  
Roxboro, NC 27573  
Telephone No. (336) 599-1181  
Website: www.piedmontcc.edu

When completing this Application for Employment, please make sure you:

1. Give complete information on your education and work history. (Do not place "see resume" on application.)
2. List separately each job held and your duties for each position.
3. Attach copies of required transcripts showing degree and date degree conferred.
4. Complete Equal Employment Opportunity/Affirmative Action Information page.
5. Check for accuracy, Sign and Date your application. (Applications will not be processed without signature.)
6. Application for Employment returned by fax will not be accepted; original signature is required.

<b>Exact position title(s) for which you are applying.</b>
1.
2.
3.

### APPLICANT INFORMATION: (please print)

Name: \_\_\_\_\_  
Last First Middle (spell out)

Address: \_\_\_\_\_  
Mailing Address County  
\_\_\_\_\_  
City State ZIP Code

Home Phone: ( ) \_\_\_\_\_ Business Phone: ( ) \_\_\_\_\_  
Area Code Area Code

Are you a citizen of the United States? Yes  No

If you are not a citizen, what immigration document(s) do you have that establishes your eligibility for employment in the United States?

Name of Document: \_\_\_\_\_ Number: \_\_\_\_\_

Do you now work for Piedmont Community College? Yes  No   
If yes, give supervisor's name:

Were you previously employed by Piedmont Community College? Yes  No   
If yes, give supervisor's name and dates of employment:

Are you related by blood or marriage to any person now employed by PCC or any member of the Piedmont Community College Board of Trustees? Yes  No   
If yes, give name and relationship to you:

Are you available to work?: Full Time  Part Time  Temporary  Person Campus  Caswell Campus

On what date would you be available to work? \_\_\_\_\_

Salary you will accept? Full Time \_\_\_\_\_ (per year) Part Time (if applicable) \_\_\_\_\_ (per hour)

Where did you learn about this position? \_\_\_\_\_

**EDUCATIONAL INFORMATION** (show complete record starting with high school)

<b>High School</b>	Name and Address			
		Degree	Date Graduated	Years completed: <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> GED
<b>Technical School/Community College</b>	Name and Address			
	Course or Major	Degree	Date Graduated	Years completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>College/University</b>	Name and Address			
	Course or Major	Degree	Date Graduated	Years completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>Graduate/Professional School</b>	Name and Address			
	Course or Major	Degree	Date Graduated	Years completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
<b>Graduate/Professional School</b>	Name and Address			
	Course or Major	Degree	Date Graduated	Years completed <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

If the position(s) applied for calls for specific courses, indicate those courses taken and credits received.

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**SKILLS** (Check the following skills, experiences, etc. that you have.)

- |   |   |
|---|---|
| <input type="checkbox"/> Microsoft Access     | <input type="checkbox"/> Braille                          |
| <input type="checkbox"/> Microsoft Word       | <input type="checkbox"/> Foreign Language (specify) _____ |
| <input type="checkbox"/> Microsoft Excel      | <input type="checkbox"/> Typing (specify wpm) _____       |
| <input type="checkbox"/> Microsoft PowerPoint | <input type="checkbox"/> Other: _____                     |
| <input type="checkbox"/> Sign Language        | _____   |

Do you have a valid driver's license? Yes  No

Please explain any gaps in your employment history.

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**EMPLOYMENT HISTORY** (Include military and volunteer experience.)

Start with your most recent position. Use additional sheets if necessary.

1.

Employer	Address	Telephone Number	
Official Job Title	Supervisor's Name, Title	From (Month/Year)	To (Month/Year)
Full Time <input type="checkbox"/>	Starting Salary _____	Ending Salary _____	May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Part Time <input type="checkbox"/>	Reason for leaving _____		
Details of Duties:			

2.

Employer	Address	Telephone Number	
Official Job Title	Supervisor's Name, Title	From (Month/Year)	To (Month/Year)
Full Time <input type="checkbox"/>	Starting Salary _____	Ending Salary _____	May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Part Time <input type="checkbox"/>	Reason for leaving _____		
Details of Duties:			

3.

Employer	Address	Telephone Number	
Official Job Title	Supervisor's Name, Title	From (Month/Year)	To (Month/Year)
Full Time <input type="checkbox"/>	Starting Salary _____	Ending Salary _____	May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Part Time <input type="checkbox"/>	Reason for leaving _____		
Details of Duties:			

4.

Employer	Address	Telephone Number	
Official Job Title	Supervisor's Name, Title	From (Month/Year)	To (Month/Year)
Full Time <input type="checkbox"/>	Starting Salary _____	Ending Salary _____	May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Part Time <input type="checkbox"/>	Reason for leaving _____		
Details of Duties:			

5.

Employer	Address	Telephone Number	
Official Job Title	Supervisor's Name, Title	From (Month/Year)	To (Month/Year)
Full Time <input type="checkbox"/>	Starting Salary _____	Ending Salary _____	May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Part Time <input type="checkbox"/>	Reason for leaving _____		
Details of Duties:			

6.

Employer	Address	Telephone Number	
Official Job Title	Supervisor's Name, Title	From (Month/Year)	To (Month/Year)
Full Time <input type="checkbox"/>	Starting Salary _____	Ending Salary _____	May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Part Time <input type="checkbox"/>	Reason for leaving _____		
Details of Duties:			

7.

Employer	Address	Telephone Number	
Official Job Title	Supervisor's Name, Title	From (Month/Year)	To (Month/Year)
Full Time <input type="checkbox"/>	Starting Salary _____	Ending Salary _____	May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Part Time <input type="checkbox"/>	Reason for leaving _____		
Details of Duties:			

8.

Employer	Address	Telephone Number	
Official Job Title	Supervisor's Name, Title	From (Month/Year)	To (Month/Year)
Full Time <input type="checkbox"/>	Starting Salary _____	Ending Salary _____	May we contact employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Part Time <input type="checkbox"/>	Reason for leaving _____		
Details of Duties:			

## PROFESSIONAL AFFILIATIONS

1. Current professional status: (List fields of work for which you have been registered.)

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No. \_\_\_\_\_

Registration: \_\_\_\_\_ State: \_\_\_\_\_ No. \_\_\_\_\_

2. Licenses and certifications: (List, give dates and sources of issuance.)

\_\_\_\_\_  
\_\_\_\_\_

3. Membership in professional, honorary, or technical societies: (List)

\_\_\_\_\_  
\_\_\_\_\_

4. Professional publications: (if applicable)

\_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL INFORMATION

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not automatically mean you cannot be employed. The offense and how recently you were convicted will be evaluated in relation to the position for which you are applying.) Yes  No  (If yes, explain fully on an additional sheet.)

## REFERENCES

List three (3) persons not related to you who have knowledge of your qualifications. Do not list any supervisor(s) shown in the Employment History section.

1. \_\_\_\_\_  
Name Telephone How Long Known

Address City/State ZIP Code

2. \_\_\_\_\_  
Name Telephone How Long Known

Address City/State ZIP Code

3. \_\_\_\_\_  
Name Telephone How Long Known

Address City/State ZIP Code

## TO BE COMPLETED BY EVERY APPLICANT

### STATEMENT OF SELECTIVE SERVICE REGISTRATION COMPLIANCE

- I certify that I am registered with Selective Service.
- I certify that I am not required to be registered with Selective Service because:
- I am a female.
  - I am under the age of 18.
  - I was born before 1960.
  - I am a citizen of the Federated States of Micronesia, or the Marshall Islands, or a permanent resident of the Trust Territory of the Pacific Islands (Palau).
  - Other (please specify): \_\_\_\_\_

### APPLICANT'S ACKNOWLEDGEMENT

I understand that any employment offered to me by the College, unless reflected in a written contract signed by an authorized College official, is employment-at-will. This means the employment relationship may be severed at any time, for any reason, with or without cause, by either party if it is deemed to be in his/her best interest.

I hereby certify that all answers and statements in this application are true and complete to the best of my knowledge and are made in good faith. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards and others to furnish whatever details are available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority: G.S. 126-30, G.S. 14-122.1). **Prospective employees will receive consideration without discrimination because of race, color, religion, sex, national origin, age, or disability.**

I also understand that a criminal records background check may be conducted by the College, and that such information may be considered by the College in a hiring determination. My signature on this application constitutes authorization for the College to obtain and consider such information.

\_\_\_\_\_  
**Applicant's Signature** (Unsigned applications will not be processed.)

\_\_\_\_\_  
Date

**Please return completed application to:**

**Piedmont Community College  
Human Resources Office  
PO Box 1197  
Roxboro, North Carolina 27573**

**AN EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER**

Revised  
08/2012

**PIEDMONT COMMUNITY COLLEGE  
AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY INFORMATION**

Piedmont Community College is committed to the principle of equal employment opportunity/affirmative action. The College does not discriminate on the basis of race, color, religion, sex, national origin, age, or disability with regards to its applicants.

The following person has been designated to handle inquiries regarding the non-discrimination policies:

Vice President, Administrative Services  
PO Box 1197, Roxboro, NC 27573-1197, (336) 599-1181, ext 2128

For further information on notice of non-discrimination, the OCR office for North Carolina is located at:

Washington DC (Metro)  
Office for Civil Rights  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, D.C. 20202-1475  
Telephone Number: (202) 453-6020  
Email: OCR.DC@ed.gov

The information requested below will not be made available to interview committees and will not affect consideration for employment. Its sole purpose is to determine how successful our recruitment efforts are in reaching all segments of the population.

**Name:** \_\_\_\_\_  
(please print)                      Last                      First                      Middle (spell out)

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_                      **Gender:** Male  Female

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and your own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

**Do you consider yourself to be Hispanic/Latino?**

- Yes
- No

**In addition, select one or more of the following racial categories to describe you:**

- American Indian or Alaska Native
- Asian
- Black or African-American
- Native Hawaiian or Pacific Islander
- White

**Military Service**

Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training?  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 veterans preference as the spouse of a disabled veteran?  YES  NO

Give dates of your (or spouse's) qualifying active military service: Attach DD Form 214

Entered: \_\_\_\_\_ Separated: \_\_\_\_\_ Branch: \_\_\_\_\_ Rank \_\_\_\_\_

Veterans' Preference: It shall be the policy of Piedmont Community College that in appreciation for their service to the State of NC and this country during a period of war, and in recognition of the time and advantage lost toward the pursuit of a civilian career, eligible veterans shall be granted preference in employment when the qualifications and experience of the final candidates for a position are generally equal.