



Positions applied for _____

CLEVELAND STATE COMMUNITY COLLEGE
A Constituent College of the Tennessee Board of Regents
P.O. Box 3570 • Cleveland, Tennessee • 423-472-7141

APPLICATION FOR EMPLOYMENT
Cleveland State Community College is a non-discrimination employer

Please complete application in full and answer all questions completely. Type or print legibly. Indicate N/A if not applicable. Do not indicate "see resumé." A resume may be attached to provide additional supporting information. Incomplete applications may not be given consideration for employment.

PERSONAL INFORMATION

Social Security No. _____ Full Name _____
Last First Middle

Address _____
Street/P.O. Box City County State Zip

Telephone: (Home) () _____ (Work or Alternate) () _____ Ext. _____

Indicate any other names under which your employment or academic records have been filed: _____

EDUCATION

High School diploma/GED: Yes No *If no, indicate highest grade completed:* _____

Names of colleges or universities attended (list most recent education first)	Dates Attended	Major	Minor	Degree or number of credits earned
_____	____ / ____	_____	_____	_____
_____	____ / ____	_____	_____	_____
_____	____ / ____	_____	_____	_____
_____	____ / ____	_____	_____	_____

SKILLS AND CERTIFICATIONS

List all valid professional licenses and registrations you hold; include the certification/registration number and date of expiration.

Indicate other employment skills, special training or related courses that you would like considered as part of your application.

Describe significant contributions and achievements, including publications or awards, in professional and/or civic activities that you would like considered as part of your application.

EMPLOYMENT HISTORY

Provide complete information for all employment. Begin with present or most recent employment. Attach additional sheets if needed

Position: _____ | _____ | _____ | _____
From To Immediate Supervisor Current/Final Salary

Employer Name: _____

Address and Phone: _____ | _____ | _____ | _____ | () _____
Street City State Zip Phone Ext.

Full-time or Part-time Duties: _____

Reason for Leaving: _____

Position: _____ | _____ | _____ | _____
From To Immediate Supervisor Current/Final Salary

Employer Name: _____

Address and Phone: _____ | _____ | _____ | _____ | () _____
Street City State Zip Phone Ext.

Full-time or Part-time Duties: _____

Reason for Leaving: _____

Position: _____ | _____ | _____ | _____
From To Immediate Supervisor Current/Final Salary

Employer Name: _____

Address and Phone: _____ | _____ | _____ | _____ | () _____
Street City State Zip Phone Ext.

Full-time or Part-time Duties: _____

Reason for Leaving: _____

Position: _____ | _____ | _____ | _____
From To Immediate Supervisor Current/Final Salary

Employer Name: _____

Address and Phone: _____ | _____ | _____ | _____ | () _____
Street City State Zip Phone Ext.

Full-time or Part-time Duties: _____

Reason for Leaving: _____

Position: _____ | _____ | _____ | _____
From To Immediate Supervisor Current/Final Salary

Employer Name: _____

Address and Phone: _____ | _____ | _____ | _____ | () _____
Street City State Zip Phone Ext.

Full-time or Part-time Duties: _____

Reason for Leaving: _____

Please explain any breaks or periods of unemployment in your employment history:

From: _____ To: _____ Reason: _____

From: _____ To: _____ Reason: _____

From: _____ To: _____ Reason: _____

GENERAL INFORMATION

Type of employment preferred: Full-time * Part-time Temporary On-Call

* Do you also wish to be considered for a part-time position? Yes No

If interested in part-time, check all days/times available for teaching or work assignment:

- | | | | |
|---|---------------------------------------|-------------------------------|------------------------------------|
| <input type="checkbox"/> Mon., Wed., Fri. | <input type="checkbox"/> Tue., Thurs. | <input type="checkbox"/> Sat | <input type="checkbox"/> Evenings |
| <input type="checkbox"/> a.m. | <input type="checkbox"/> a.m. | <input type="checkbox"/> a.m. | <input type="checkbox"/> Monday |
| <input type="checkbox"/> p.m. | <input type="checkbox"/> p.m. | <input type="checkbox"/> p.m. | <input type="checkbox"/> Tuesday |
| | | | <input type="checkbox"/> Wednesday |
| | | | <input type="checkbox"/> Thursday |
| | | | <input type="checkbox"/> Friday |

Have you previously been employed by Cleveland State Community College? Yes No

If yes, when? _____

Are you related to anyone now employed by Cleveland State Community College? Yes No

If yes, provide name and relationship: _____

Are you legally authorized to work in the United States?* Yes No

***(As required by federal law, Cleveland State Community College will hire only United States citizens and aliens authorized to work in the United States. All new employees will be required to complete an "Employment Eligibility Verification" (Form I-9) and produce requested documentation after employment. A list of documents acceptable for proof under the Immigration Reform and Control Act of 1986 is available upon your request.)**

Have you ever been convicted of, or pleaded guilty or "no contest" to, any felony or criminal offense, excluding misdemeanors and traffic offenses?

Yes No

If yes, please briefly explain (a "yes" response will not automatically disqualify you from employment):

REFERENCES:

1. Current supervisor: May we contact your current supervisor? Yes No

Name	Organization	Address		
Title	() Phone Number	City	State	Zip Code

2. Other professional references (do not include immediate supervisors listed in employment section):

Name	Organization	Address		
Title	() Phone Number	City	State	Zip Code

Name	Organization	Address		
Title	() Phone Number	City	State	Zip Code

Name	Organization	Address		
Title	() Phone Number	City	State	Zip Code

Information provided on this application will become a part of your permanent personnel record if you are employed by the college. Materials submitted for consideration as part of an application for employment are not returnable. A resume or other appropriate materials may be included with the application but may not be submitted instead of this application.

If employed, the college will require certified transcripts for any college-level education stated on this application as a condition for employment.

Cleveland State Community College is a non-discrimination employer. It is the policy of the college to employ personnel strictly on the basis of job-related qualifications. Personnel policies are applied without regard to a person's race, color, age, sex, religion, national origin, disability, marital status or veteran's status.

APPLICANT CERTIFICATION AND RELEASE AUTHORIZATION

I hereby certify that all information provided on or in connection with this application and attachments thereto is true and complete to the best of my knowledge and I have not knowingly withheld any fact or circumstance. By signature below, I authorize persons to release to Cleveland State Community College, and I authorize representatives of the college to investigate and to disclose fully, all information available to such persons, whether on record or not, which may have a bearing on my application or my employment. I understand that in accord with the provisions of state law, (TCA 10-7-101) this application is considered a public record.

I understand that if employed, any misrepresentation of the facts as stated or implied on this application form is sufficient cause for dismissal. This application does not bind me or Cleveland State Community College for any specific period of employment and I understand that nothing in this application creates any contractual obligation of any kind for either party. If employed, I agree to comply with all policies, procedures and regulations of Cleveland State Community College and applicable local, state and federal laws as currently exist or as may exist in the future.

Date _____ Signature of applicant _____

Cleveland State

COMMUNITY COLLEGE

APPLICANT DISCLOSURE

Name _____ Social Security No. _____

Position(s) applied for _____

Cleveland State Community College is committed to the principles of equal employment opportunity and affirmative action. In addressing the responsibilities associated with its commitment, the college is required to collect and report data regarding selected applicant categories. Completion of the items presented below will not be used in any way to determine your eligibility for employment.

1. Ethnicity/Race;

- Do you consider yourself to be Hispanic/Latino/Spanish Origin? Yes No
- In addition, select one or more of the following racial categories to describe yourself:
 - White Black or African American Asian American Indian
 - Alaska Native Native Hawaiian or Other Pacific Islander

2. Sex: Male Female

3. Date of Birth: ____ / ____ / ____

4. Information Source;

How did you learn about this position? *(Please respond to all items that apply.)*

- Advertisement
(specify) _____
- Personal Contact
(specify) _____
- Professional Organization
(specify) _____
- Other
(specify) _____

Sections 503 and 504 of the Rehabilitation Act of 1973 prohibit discrimination against persons with disabilities. Pursuant to The Act, reasonable accommodations must be made for qualified applicants and employees with disabilities.