



Alabama Community College System

Application No.

APPLICATION FOR EMPLOYMENT

Northeast Alabama 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)					

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	Hourly Rate/Salary	
	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	Hourly Rate/Salary	
	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	Hourly Rate/Salary	
	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	Hourly Rate/Salary	
	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	Hourly Rate/Salary	
	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	Hourly Rate/Salary	
	Reason for Leaving		

May we contact your current employer?

Yes No

Skills, Awards, Certificates or Professional Activities	

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	<p>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.</p> <p>Are you a relative of any employee of the Alabama Community College System, including Northeast Alabama Community College, or any member of the State Board of Education? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list the name(s), relationship, and employer/position of relative(s):</p>		
Felony Conviction(s)	<p>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</p> <p>If yes, explain below:</p>		
<p>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 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 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.</p>			
_____		_____	
Signature of Applicant		Date	

Are you a member of the Alabama Community College System Applicant Pool? Yes No

Send to Chair of Search Committee or Contact Person at:

Northeast Alabama Community College
 Post Office Box 159
 Rainsville, AL 35986
 256-228-6001 or 256-638-4418

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.)

NORTHEAST ALABAMA COMMUNITY COLLEGE

FAMILY RELATIONSHIP DISCLOSURE FORM

This form must be completed and returned to the President's Office.

Employee's Name: _____ SSN: _____

Job Title/Position: _____

Employment Date: _____ Full-Time Part-Time

Salary Schedule _____ Rank _____ Step _____ Annual Salary _____

For purposes of this disclosure, relative includes the following: spouse, dependent, adult child and his or her spouse, parent, spouse's parents, siblings and his or her spouse.

Are you a relative of any employee of the Alabama Community College System, including Northeast Alabama Community College, or any member of the State Board of Education?

Yes No

If yes, list the name(s), relationship, and employer/position of relative(s)

I affirm that all information contained herein is correct to the best of my knowledge.

Signed: _____
Employee Date

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 _____