

Alabama Community College System

Application No.

**APPLICATION FOR EMPLOYMENT**

**Wallace State Community College**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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?**   * Yes 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 Full-time Part-time | | | | | Hr. Rate/Salary *(optional)* | | | | | |
| Reason for Leaving | | | | |  | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Employment History (Continued)** | Employer | | | | | Telephone Number | Job Duties |
| Address | | | | | Dates of Employment |
| Title Full-time Part-time | | | | | Hr. Rate/Salary *(optional)* |
| Reason for Leaving | | | | |  |
| **Employment History (Continued)** | Employer | | | | | Telephone Number | Job Duties |
| Address | | | | | Dates of Employment |
| Title |  | Full-time |  | Part-time | Hr. Rate/Salary *(optional)* |
| Reason for Leaving | | | | |  |
| **Employment History (Continued)** | Employer | | | | | Telephone Number | Job Duties |
| Address | | | | | Dates of Employment |
| Title |  | Full-time |  | Part-time | Hr. Rate/Salary *(optional)* |
| Reason for Leaving | | | | |  |
| **Employment History (Continued)** | Employer | | | | | Telephone Number | Job Duties |
| Address | | | | | Dates of Employment |
| Title |  | Full-time |  | Part-time | Hr. Rate/Salary *(optional)* |
| Reason for Leaving | | | | |  |

**May we contact your current employer?**  Yes No

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| --- | --- |
| **Skills, Awards, Certificates or Professional Activities** |  |
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### Note: Please provide details of each. May use a separate sheet if necessary.

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| --- | --- | --- | --- | --- | --- |
| **References** | **Please list three references, other than relatives, who can provide information verifying qualifications, character, or work experience.** | | | | |
| Name and Title | Address | | | Phone Number |
|  |  | | |  |
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| **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?  Yes No  If yes, list the name(s), relationship, and employer/position of relative(s): | | | | |
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| **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?  Yes No  If yes, explain below: | | | | |
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| **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**](http://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, martial 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.](mailto: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, Vice President of Administrative Services; 801 Main Street, Hanceville, Alabama 35077; email: alyce.f[lanigan@wallacestate.edu.](mailto:lanigan@wallacestate.edu) The Section 504 and ADA Coordinator for students is Ms. Lisa Smith, Director of Federal Programs/Student Resource Center; 801 Main Street, Hanceville, Alabama 35077, Bailey Center (7th Floor); telephone: (256) 352-8052; email: [lisa.smith@wallacestate.edu.](mailto: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/ab](http://www.wallacestate.edu/ab)out-wscc/title-ix

Consent, Release & Authorization For Background Check

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Applicant/Volunteer Name Position Title

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| --- |
|  |

Department

The Alabama Community College System Board of Trustees adopted a policy (currently Policy 623.01) requiring background checks related to employment and volunteer services. By signing this Consent form, I authorize the Alabama Community College System or its designee to conduct background searches for felony and misdemeanor convictions at the state and national levels of any jurisdiction, national sex oﬀender registry searches, and other relevant information.

I understand that I may voluntarily consent to the use of my social security number for the purpose of conducting a background check. I further understand that my voluntary consent to use my social security number, or a portion thereof, is being requested for the purposes of conducting a background check pursuant to the authority of the Alabama Community College System Board of Trustees policy. 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 number, or a portion thereof, for the limited purpose of conducting background checks.

**The College is requesting consent to the use of your social security number, or a portion thereof, for the limited purpose of conducting a background check.**

Consent for Use of Social Security

|  |  |
| --- | --- |
|  | **I Consent** |
|  | **I Do Not Consent** |

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 omissions made by myself become known, my employment shall be subject to immediate termination.

I understand that Policy 623.01 will be followed and 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 background checks shall be followed.

**I have read and completely understand this release.**

|  |  |  |
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|  |  |  |
| Applicant’s Signature |  | Date |
|  |  |  |
| Legal First Name |  | Legal Middle Name |
|  |  |  |
| Legal Last Name |  | Maiden or Other Name(s) |
|  |  |  |
| Address |  | City |
|  |  |  |
| State/Province |  | Zip/Postal Code |
|  |  |  |
| Email |  | Phone |
|  |  |  |
| Social Security Number |  | Date of Birth |

Do you have a current State of Alabama Issued ID/Driver's License?

|  |  |
| --- | --- |
|  | **Yes** |
|  | **No** |

Are you under the age of eighteen (18)?

|  |  |
| --- | --- |
|  | **Yes** |
|  | **No** |





**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): Gender (check one):**

Native American Male

White, not of Hispanic origin Female Hispanic

Black, not of Hispanic origin Asian/Pacific Islander

Multi-racial Other

**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:**