NORTHEAST STATE

We're here to get you there

Exact title(s) of position(s) for which you are applying.

1. _____

2. _____

3. _____

Social Security Number

_____

Date: _____

APPLICATION FOR EMPLOYMENT

An Equal Employment Opportunity Employer

Northeast State Technical Community College does not discriminate on the basis of sex, race, color, national origin, age, disability, or veteran status in the provision of educational opportunities or employment opportunities and benefits.

A. GENERAL INFORMATION (Please Print)

1. Name: _____
   Last First Middle Maiden

   Address: _____
   Street City State Zip County

   Home Phone: ( ) _____ Business Phone: ( ) _____

2. Are you authorized to work in the United States? ❑ Yes ❑ No

3. Are you available to work: ❑ Full Time ❑ Part Time ❑ Temporary

4. On what date would you be available for work?

5. Are you presently or were you previously employed in the State of Tennessee service? ❑ Yes ❑ No

   If yes, give: Department _____ Division _____ Number of Years ____

6. Do you have any relative now employed at this institution? ❑ Yes ❑ No

   If yes, give: Name _____ Relationship _____ Department _____

7. What salary will you accept? _____

Background checks may be conducted to verify any and all information listed on the application form.

B. EDUCATION

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

School Name and Location	Dates Attended From To	Degree, Diploma, or Certification	Date Conferred	Courses or Major and Minor Programs
High School				
College or University				
Advanced Study				
Technical or Vocational				
Military Service Schools				
Other				

C. EMPLOYMENT HISTORY (Including Military Experience)

Resumes may NOT be used to replace information on the application.

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

1. Employer Address

Official Job Title **Supervisor's Name, Title** From (Month/Year) To (Month/Year)

Hours per week Starting Salary Ending Salary Reason for leaving

Detail of duties:

2. Employer | Address

Official Job Title | **Supervisor's Name, Title** | From (Month/Year) To (Month/Year)

Hours per week | Starting Salary | Ending Salary | Reason for leaving

Detail of duties:

3. Employer | Address

Official Job Title | **Supervisor's Name, Title** | From (Month/Year) To (Month/Year)

Hours per week | Starting Salary | Ending Salary | Reason for leaving

Detail of duties:

4. Employer | Address

Official Job Title | **Supervisor's Name, Title** | From (Month/Year) To (Month/Year)

Hours per week | Starting Salary | Ending Salary | Reason for leaving

Detail of duties:

Are there any employers listed above that you do not want Northeast State to contact? If so, indicate below.

--DO NOT CONTACT--

Employer(s) / Phone Number(s):

D. PROFESSIONAL ASSOCIATIONS AND/OR PUBLICATIONS (If applicable)

E. ADDITIONAL INFORMATION

1. Have you ever been convicted of or pled guilty to a criminal charge directly pertinent to employment? An affirmative response will not necessarily be a bar to employment. Factors such as age, elapsed time, seriousness, nature, and rehabilitation will be taken into account. ❑ Yes ❑ No

If yes, explain:

2. Use this space for any explanation or additional information relevant to this application. If more space is needed, attach additional 8 1/2 x 11 sheets.

F. REFERENCES

List three persons not related to you who have knowledge of your qualifications and competencies. Do not list any supervisor show in Section C.

	Name	Address	City/State	Telephone	Length of Time Known?
1.					
2.					
3.					

I certify that the above information is true and complete to the best of my knowledge and belief, and is made in good faith. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. I understand prior to employment, I must provide information related to identity and employability. Failure to provide appropriate documentation for verification of employment eligibility (I-9 form) shall result in immediate termination of employment and/or offer of employment. I will authorize a request for transcript where necessary to verify my educational record. I authorize my former employers to release any information they may have regarding me.

Signature Date

Unsigned application will not be processed.

Disabled applicants needing accommodations for the job interview should make it known at the time of interview scheduling.

APPLICATION DATA SHEET

This form will be sent to the Affirmative Action Office for determining compliance only and will not be a part of your application.

Northeast State Community College does not discriminate on the basis of sex, race, color, religion, national origin, age, disability, or veteran status in provision of educational or employment opportunities and benefits. Information concerning birth date, sex, race, and disability is **voluntary** and is requested solely for the purpose of determining compliance with civil rights laws, and your responses will not affect consideration of your application. By providing this information, you will assist Northeast State in assuring that this program is administered in a nondiscriminatory manner. All information will be kept **confidential.**

1. Social Security No. _____

2. Name _____
Last **First** **Middle Initial**

3. Mailing Address _____

_____

_____

4. Telephone: Home _____ Business _____

5. Birth Date: _____ 6. Sex: ❑ Male ❑ Female

7. Do you consider yourself to be Hispanic/Latino/Spanish origin?
   - ❑ Yes
   - ❑ No

8. In addition, select one or more of the following racial categories to describe yourself:
   - ❑ White
   - ❑ Black or African American
   - ❑ Asian
   - ❑ American Indian
   - ❑ Alaskan Native
   - ❑ Native Hawaiian or Other Pacific Islander

9. Type of employment you will accept:
   ❑ Permanent ❑ Temporary ❑ Part-time