



# APPLICATION FOR EMPLOYMENT

<b>Position Information</b>	Title of position for which you are applying: <span style="border: 1px solid black; display: inline-block; width: 300px; height: 20px;"></span>			Date of Application		
	Last Name		First Name		Middle Initial	
<b>Personal Information</b>	Address		City		State	Zip
	<b>Contact Information</b>					
	Phone: Home	Work	Cell	E-mail Address		
		School/College	Dates Attended From / To	Major	Minor	Degree(s) Earned
<b>Secondary and Postsecondary Education</b>	High School/ GED					
	College					
	College					
	College					
	Other (Specify)					
<b>Additional Information</b>	<b>Are you currently employed or have been employed within the last twelve months at an Alabama Community College System college?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
	If yes, list the name of the college(s) and dates: _____					
<b>Employment History</b>	<b>Please list most recent employment experience first.</b>					
	Employer		Telephone Number		Job Duties	
	Address		Dates of Employment			
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Hr. Rate/Salary <i>(optional)</i>			
	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	Hr. Rate/Salary <i>(optional)</i>	
	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	Hr. Rate/Salary <i>(optional)</i>	
	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	Hr. Rate/Salary <i>(optional)</i>	
	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	Hr. Rate/Salary <i>(optional)</i>	
	Reason for Leaving		

May we contact your current employer?

Yes

No

Skills, Awards, Certificates or Professional Activities	

**Note: Please provide details of each. May use a separate sheet if necessary.**

<b>References</b>	<b>Please list three references, other than relatives, who can provide information verifying qualifications, character, or work experience.</b>		
	Name and Title	Address	Phone Number
<b>Family Relationship</b>	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 the state or 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, list the name(s), relationship, and employer/position of relative(s):		
<b>Felony Conviction(s)</b>	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		
	If yes, explain below:		
<b>Consent Agreement</b>	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. <b>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.</b> 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	

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

**Human Resources  
Ingram State Technical College**

**Delivery Address:** PO BOX 220350  
Deatsville, AL 36022

**Hand Delivery:** 5375 Ingram Road  
Deatsville, AL 36022

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, on the basis of any impermissible criterion or characteristic including, without limitation, race, color, national origin, religion, marital status, disability, sex, age, or any other protected class as defined by federal and state law, shall 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.)

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
- White, not of Hispanic origin
- Hispanic
- Black, not of Hispanic origin
- Asian/Pacific Islander
- Multi-racial
- Other

- Male
- Female

MISCELLANEOUS INFORMATION

Have you ever been employed by the College?  Yes  No

Position: \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Name(s), relationship, and department of relative(s) presently employed by the College:

\_\_\_\_\_

How did you hear about this job announcement? (Please check all that apply)

- Newspaper advertisement (classified print ad)
  - Montgomery Advertiser
  - Birmingham News
  - Huntsville Times
  - Mobile Press-Register
  - Other (please specify) \_\_\_\_\_
- Website
  - Alabama Community College System (accs.cc)
  - Alabama Two-Year College (please specify) \_\_\_\_\_
  - Other (please specify) \_\_\_\_\_
- On-line advertisement
  - CareerBuilder.com
  - al.com
  - IMDiversity.com
  - Alabama Job Link (joblink.alabama.gov)
  - Alabama Employment Office
  - Other (please specify) \_\_\_\_\_
- Alabama Community College Applicant Pool Member
- Radio
- Other (please specify) \_\_\_\_\_

**REQUEST, AUTHORIZATION, CONSENT, AND RELEASE  
FOR BACKGROUND INFORMATION**

I have been informed and acknowledged that on April 13, 2016 the Alabama Community College System Board of Trustees adopted Policy 623.01 requiring criminal background checks for all new and current employees.

By signing this authorization, I hereby authorize the Alabama Community College System or its designee, to conduct criminal reference searches for felony and misdemeanor convictions at the statewide and national levels of every jurisdiction where I currently reside or where I have previously resided during the past seven years; national sex offender registry searches and a search of my driving record.

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

\_\_\_\_\_ I voluntarily consent to the use of my social security account number for the limited purpose of conducting a criminal background check. Social Security # \_\_\_\_\_

\_\_\_\_\_ I do not consent to the use of my social security account number for the limited purpose of conducting a criminal background check.

\_\_\_\_\_ I consent to the use of my driver's license number to be used for the limited purpose of conducting a review of my driving history.

\_\_\_\_\_ I do not consent to the use of my driver's license number for the limited purpose of conducting a review of my driving history.

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

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 have read and completely understand this release.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name (Please print): \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Applicant's Birthday: \_\_\_\_\_

Applicant's Driver's License Number: \_\_\_\_\_

Applicant's Driver's License State: \_\_\_\_\_



**FAMILY RELATIONSHIP DISCLOSURE FORM  
(Applicant / Student)**

Applicant Name: \_\_\_\_\_

Job Title Applying For: \_\_\_\_\_

**For the purpose of this disclosure, relative includes any person related within the fourth degree of affinity or consanguinity to any job, position, with Ingram State Technical College.**

Are you a relative of any student enrolled with Ingram State Technical College?

- Yes  No

If yes, list the name(s) and relationship of the relative(s):

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

***My signature below affirms that all information contained herein is correct to the best of my knowledge.***

\_\_\_\_\_  
Applicant's Name Printed

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date