



APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer

This application is to be accompanied by an applicant data sheet and transcripts. Application Process: To apply for a vacant position, complete the Richmond Community College application and submit it with photocopies or unofficial copies of your College transcripts. For positions where a high school diploma or equivalent is the highest required degree, then proof of high school/equivalency is required. Full application and interview process is on the RCC website.

- No action will be taken simply on submission of a resume or letter of interest.
- Incomplete applicant files will not be considered.
- “See Resume” in Work History duties is not acceptable
- Methods to submit an application:
 In person: 1042 W. Hamlet Avenue, Hamlet, NC, Career & Transfer Center
 Mail: RichmondCC, Attn: Career and Transfer Services, PO Box 1189, Hamlet, NC 28345
 Fax: 910- 851-6376. Applicant needs to ensure that documents are readable.
[E-mail: rcccareercenter@richmondcc.edu](mailto:rcccareercenter@richmondcc.edu). Application must contain a physical signature.

Please Print or Type

Last Name		First Name		Middle Name	
Address (Street number and name)			City		County
State	Zip	Phone (Home or where you can be reached) () ()		Business Phone () ()	
E-mail address:					
CHECK (☑) all of the types of work you will accept:					
1. Full-time		2. Part-time		3. Day Hours	
				4. Evening Hours	
If you are not available for work now, enter the earliest date you could begin work (mo/day/yr)					
JOBS APPLIED FOR: Enter below the specific title(s) of the job(s) for which you are applying:					
1.		2.		3.	
MILITARY SERVICE:					
Have you served honorably in the Armed Forces of the U. S. on active duty, for reasons other than training, during a time of war? Yes No					
Do you wish to declare a service-connected disability? Yes No					
At the time of this application, are you the surviving spouse or dependent of a deceased veteran who died from service-related reasons? Yes No					
Do you wish to declare eligibility for veteran’s preference as the spouse of a disabled veteran? Yes No					
Give dates of your (or spouse’s) qualifying active military service:					
Entered:		Separated:		Rank:	
AGENCY USE ONLY: Eligibility for Veterans’ Preference? Yes No					
EDUCATION:					
An unofficial transcript of all college credits and/or high school credits is required before this Application can be processed. This copy will not be returned. If hired official transcripts must be received in the Personnel office within thirty (30) days of offer of employment. Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours.					
Schools	Name & Location	Grad?	S/Q Hrs	Major/Course	Type Degree
High School		Yes No			
College(s) / University(s)		Yes No			
Graduate or Professional		Yes No			
Other educational, vocational school, internship, etc.		Yes No			
ACADEMIC/PERSONAL/PROFESSIONAL ACCOMPLISHMENTS: Describe any accomplishments, scholastic honors, honorary societies, patent/publications, professional societies, and other pertinent experience or honors:					

List field of work for which you are licensed, registered, or certified, giving date(s) and source(s) of issuance:

WORK HISTORY (Include volunteer experience) Use Additional Sheets if Necessary

Please list all previous employment, as it is a determining factor in RCC's Salary Plan. Failure to provide dates, salary, and FT/PT status will impact salary calculation. Please make copies of this page should you need additional room for your employment history. Employment history is subject to verification.

Current or Last Employer:		Address & Phone:		
Job Title:		Supervisor Name:		No. Supervised by You:
Date Employed:	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:	May We Contact Employer? Yes No
Date Separated:	Duties:			
Full-Time (Years/Months):				
Part-Time (Years/Months):				
If part-time, number of hours worked per week:				
Employer:		Address & Phone:		
Job Title:		Supervisor Name:		No. Supervised by You:
Date Employed:	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:	May We Contact Employer? Yes No
Date Separated:	Duties:			
Full-Time (Years/Months):				
Part-Time (Years/Months):				
If part-time, number of hours worked per week:				
Employer:		Address & Phone:		
Job Title:		Supervisor Name:		No. Supervised by You:
Date Employed:	Starting Salary: \$ per	Ending Salary: \$ per	Reason for Leaving:	May We Contact Employer? Yes No
Date Separated:	Duties:			
Full-Time (Years/Months):				
Part-Time (Years/Months):				
If part-time, number of hours worked per week:				

PROFESSIONAL REFERENCES: Three (3) to five (5) professional references are required as part of this application and must include complete contact information.

1.	Name:	Position:
	Business Address:	
	Daytime Phone:	Other Phone:
	E-mail Address:	
2.	Name:	Position:
	Business Address:	
	Daytime Phone:	Other Phone:
	E-mail Address:	
3.	Name:	Position:
	Business Address:	
	Daytime Phone:	Other Phone:
	E-mail Address:	
4.	Name:	Position:
	Business Address:	
	Daytime Phone:	Other Phone:
	E-mail Address:	
5.	Name:	Position:
	Business Address:	
	Daytime Phone:	Other Phone:
	E-mail Address:	

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

If you are required to do so, have you registered with Selective Services? No Yes Not Required

I certify that all of the statements made in this application and any attached documents are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I authorize investigation of all statements made in this application and release to Richmond Community College officials. I understand that false information may be grounds for rejection of my application and (or) dismissal if I am employed.

Signature of Applicant (unsigned applications will not be processed.)

Date

It is the policy of Richmond Community College to afford equal opportunity to all employees and applicants regardless of race, color, gender, religion, age, national origin, disability, or any other legally protected status. If you require accommodation due to a disability in order to complete the application process, please make your request to the Human Resource Office.

Equal Opportunity Employer

**RICHMOND COMMUNITY COLLEGE
APPLICANT DATA FORM**

Richmond Community College, in compliance with federal law, collects and maintains information on the gender, race, and ethnic background of applicants. This information is also used to evaluate the effectiveness of our equal employment opportunity program.

We would appreciate your assistance in these efforts by answering the questions below. **THIS FORM WILL BE FILED SEPARATELY FROM YOUR APPLICATION AND WILL BE USED FOR STATISTICAL PURPOSES ONLY.** The completion of this form is NOT mandatory. Your cooperation is most appreciated. Thank you.

POSITION APPLIED FOR:

DATE:

DATE OF BIRTH:

GENDER:

Female

Male

ETHNICITY: Check only one box.

Yes **No** **“Hispanic or Latino”** – A person of Cuban, Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”

RACE: Check one or more boxes.

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, china, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American: A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

DISABLED: **Yes** **No** Disabled is defined in the American with Disabilities Act as (1) having a physical or mental impairment that substantially limits one or more of the major life activities, (2) having a record of such impairment, or (3) is regarded as having such impairment.

HOW DID YOU INITIALLY LEARN OF THE POSITION FOR WHICH YOU ARE APPLYING?

RCC Website

Fayetteville Observer

NCCCS Website

Greensboro News & Record

Walk-In

Raleigh News & Observer

Employment Security Commission

Charlotte Observer

Daily Journal

Chronicle of Higher Education

Laurinburg Exchange

Community College Times

The Pilot

Other: