



# 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: RCC, Attn: Lori McLaughlin, PO Box 1189, Hamlet, NC 28345

Fax: 910-582-7102. Applicant needs to ensure that documents are readable.

E-mail: [ldmclaughlin@richmondcc.edu](mailto:ldmclaughlin@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 (X) 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: \_\_\_\_\_ Branch: \_\_\_\_\_ 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		<input type="checkbox"/> Yes <input type="checkbox"/> No			
College(s) / University(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Graduate or Professional		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other educational, vocational school, internship, etc.		<input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you can not be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

No  Yes (If yes, explain fully on an additional sheet and attach to this application.)

**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.

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**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. (As defined by the Office of Management and Budget Directive #15.)

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.

- A.  **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.
- B.  **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.
- C.  **Black or African American:** A person having origins in any of the black racial groups of Africa.
- D.  **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- E.  **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?**

- |   |  |
|---|--|
| <input type="checkbox"/> RCC Website                    | <input type="checkbox"/> Fayetteville Observer         |
| <input type="checkbox"/> NCCCS Website                  | <input type="checkbox"/> Greensboro News & Record      |
| <input type="checkbox"/> Walk-In                        | <input type="checkbox"/> Raleigh News & Observer       |
| <input type="checkbox"/> Employment Security Commission | <input type="checkbox"/> Charlotte Observer            |
| <input type="checkbox"/> Daily Journal                  | <input type="checkbox"/> Chronicle of Higher Education |
| <input type="checkbox"/> Laurinburg Exchange            | <input type="checkbox"/> Community College Times       |
| <input type="checkbox"/> The Pilot                      | <input type="checkbox"/> Other: _____                  |