

WALTERSSTATE

THE GREAT SMOKY MOUNTAINS COMMUNITY COLLEGE
A Tennessee Board of Regents College

Morristown, Tennessee 37813-6899
An Equal Opportunity/Affirmative Action Employer

CLERICAL AND SUPPORT STAFF APPLICATION

(Please type or print plainly)

Date: _____

Position(s) for which you are applying:

| |
|----|
| 1. |
| 2. |
| 3. |

1. Name _____
last first middle maiden (if shown on school or employment records)

2. Mailing Address _____
street city state zip code

Telephone: Home: _____ Other: _____

3. Availability Recap:
 Will you accept temporary employment? [] Yes [] No Part-time? [] Yes [] No Full-time? [] Yes [] No
 No
 What is the minimum salary you will accept? \$ _____ Date available? _____

ANSWER ALL SECTIONS CAREFULLY AND COMPLETELY. DO NOT USE "SEE RESUME OR OTHER DOCUMENTS". ALL STATEMENTS MADE IN THIS APPLICATION MAY BE VERIFIED.

4. Educational Background:

| High School Graduate [] Yes [] No | | GED Certificate [] Yes [] No | | | | |
|--|----------------|--------------------------------|---|-------|--------------------------------|---------------------|
| Last high school attended _____ Address _____ | | | | | Year Attended _____ | |
| Names and Addresses of Colleges or Universities Attended | Dates Attended | | Field of Study or Area of Concentration | | Type of degree Obtained & Date | Total Semester Hrs. |
| | From | To | Major | Minor | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | | | | | | |

5. Experience: Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of employment. Use additional pages if further space is needed. If you have never been employed or are now unemployed, indicate that fact in the space provided below:

Do you have objections to your present employer being contacted prior to the time of interview?
 Yes No NA

| | | | | | |
|----------------------|----|-------|--------|-------------------------------------|--------------------|
| Your Title | | | | Name and Title Immediate Supervisor | |
| Firm Name | | | | Address/Phone | |
| Length of Employment | | Total | | Annual Salary | Full or Part-time? |
| From | To | Years | Months | | |
| | | | | | |
| Duties | | | | | |

| | | | | | |
|----------------------|----|-------|--------|-------------------------------------|--------------------|
| Your Title | | | | Name and Title Immediate Supervisor | |
| Firm Name | | | | Address/Phone | |
| Length of Employment | | Total | | Annual Salary | Full or Part-time? |
| From | To | Years | Months | | |
| | | | | | |
| Duties | | | | | |

| | | | | | |
|----------------------|----|-------|--------|-------------------------------------|--------------------|
| Your Title | | | | Name and Title Immediate Supervisor | |
| Firm Name | | | | Address/Phone | |
| Length of Employment | | Total | | Annual Salary | Full or Part-time? |
| From | To | Years | Months | | |
| | | | | | |
| Duties | | | | | |

| | | | | | | | |
|----------------------|----|-------|--------|-------------------------------------|--------------------|--------------------|--|
| Your Title | | | | Name and Title Immediate Supervisor | | | |
| Firm Name | | | | Address/Phone | | | |
| Length of Employment | | Total | | Annual Salary | Full or Part-time? | Reason for Leaving | |
| From | To | Years | Months | | | | |
| | | | | | | | |
| Duties | | | | | | | |

| | | | | | | | |
|----------------------|----|-------|--------|-------------------------------------|--------------------|--------------------|--|
| Your Title | | | | Name and Title Immediate Supervisor | | | |
| Firm Name | | | | Address/Phone | | | |
| Length of Employment | | Total | | Annual Salary | Full or Part-time? | Reason for Leaving | |
| From | To | Years | Months | | | | |
| | | | | | | | |
| Duties | | | | | | | |

| | | | | | | | |
|----------------------|----|-------|--------|-------------------------------------|--------------------|--------------------|--|
| Your Title | | | | Name and Title Immediate Supervisor | | | |
| Firm Name | | | | Address/Phone | | | |
| Length of Employment | | Total | | Annual Salary | Full or Part-time? | Reason for Leaving | |
| From | To | Years | Months | | | | |
| | | | | | | | |
| Duties | | | | | | | |

6. Are you currently licensed, registered, or certified for a profession/trade in any state? Yes No
 Profession/Trade _____
 License No. _____ Date Issued _____
 Expiration Date _____ State where issued _____

7. Do you have a valid state driver's license? Yes No State _____

8. Some positions may require certain academic credits within special fields. Please indicate the number of college credit hours earned in the fields which are job related. These credit hours are [] semester [] quarter.

| | | | |
|-------------------|----------------------|------------------------|-------|
| _____ Mathematics | _____ Biology | _____ Computer Science | _____ |
| _____ Accounting | _____ Journalism | _____ Laboratory | _____ |
| _____ English | _____ Shorthand | _____ Word Processing | _____ |
| _____ Education | _____ Gen. Chemistry | _____ | _____ |

9. Prior and current employment by the state of Tennessee: [] Yes [] No. If "Yes" please provide information below:

| From | | To | | Department or Agency |
|-------|------|-------|------|----------------------|
| Month | Year | Month | Year | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

10. Relatives currently employed at Walters State Community College: [] None [] Yes (if "yes", list name, position and relationship:

11. Have you ever been dismissed from employment for cause? [] No [] Yes If "yes", please explain:

12. Have you ever been convicted or pleaded guilty to a criminal charge? (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.

13. REFERENCES: List below at least four references not related to you who have first hand knowledge of your character, personality, scholarship, and qualifications.

| Name and Position | Address | Telephone |
|-------------------|---------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

14. ATTACHMENTS: A resume may be attached but MAY NOT be used in lieu of application.

RELEASE OF INFORMATION TO WALTERS STATE COMMUNITY COLLEGE

15. **Certification of Application:** I hereby certify that all information contained in this application is true, complete and accurate to the best of my knowledge. I also authorize any necessary investigations and the release of transcripts and other personal information relative to my employment. Documents obtained become subject to the Tennessee Public Records Act, T.C.A. 10-7-101, et. seq. I understand that misrepresentation of this information may subject me to disqualification for compensation for any job or to termination of employment if employed by any agency of Tennessee State Government.

Signature _____ Date _____

Please address all correspondence concerning employment to: **Director of Human Resources
Walters State Community College
500 S. Davy Crockett Parkway
Morristown, TN 37813-6899
423-585-6847**



**FAIR CREDIT REPORTING ACT
DISCLOSURE AND AUTHORIZATION FORM**

Walters State Community College may request, or has decided to request, a consumer report to be obtained from a consumer reporting agency to assist it in making a decision pertaining to your application for employment, or your promotion, reclassification, transfer or retention as an employee at Walters State.

You are considered a “consumer” under the Fair Credit Reporting Act and have certain rights thereunder. A “consumer reporting agency” is a person or business that, for monetary fees, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports. A “consumer report” is any written, oral or other communication of any information by a consumer reporting agency concerning a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment purposes.

The information requested may include, but not be limited to, verification of identification and/or Social Security number; checks of criminal history, if any; verification of employment, education, credentials or licenses held by you; and credit history. Any information contained in such reports may be taken into consideration in evaluating your suitability for employment, promotion, reclassification, transfer or retention as an employee.

By your signature below, you indicate that you authorize and consent to the release of consumer reports to Walters State to be used in connection with your application for employment, promotion, reclassification, transfer or retention at Walters State. If you fail or refuse to execute this document, no further consideration will be given to your application for employment, promotion, reassignment or retention as an employee.

Printed Name

Social Security Number

Signature

Date

DISCRIMINATION IS PROHIBITED ON THE BASIS OF RACE, SEX, COLOR, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY, OR VETERAN STATUS.

The information requested below is to be given voluntarily; refusal to give it will not subject you to any penalty.

Demographic Data:

Gender: Male Female

Date of Birth: _____
month day year

Race: 1. White Non-Hispanic
 2. Black Non-Hispanic
 3. Hispanic
 4. Asian or Pacific Islander
 5. American Indian
 6. Alaskan Native

***Citizenship:** U.S.
 Other _____

***Employment Eligibility:**

Current federal law requires identification and eligibility verification prior to employment.

Name: _____
last first middle maiden

Social Security Number: _____ - _____ - _____

Signature: _____ **Date:** _____