

Gloucester County College

EMPLOYMENT APPLICATION



YOUR INTEREST IN EMPLOYMENT AT GLOUCESTER COUNTY COLLEGE IS APPRECIATED AND WE THANK YOU FOR YOUR TIME AND EFFORT IN APPLYING. ONLY CANDIDATES WHO COMPLETE AN APPLICATION WILL BE CONSIDERED FOR POSITIONS. PLEASE PRINT AND COMPLETE THIS FORM IN DETAIL. PLEASE BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS EVEN IF YOU SUBMIT YOUR RESUME. ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.

Employment Application Procedure

1. Complete ALL APPLICABLE sections of the application.
2. Type or print in ink all requested information.
3. Sign and date the application.
4. Attach a resume.
5. Attach a copy of college transcripts (*upon request*).
6. Submit all materials to:

If mailing, send to:

**Human Resources
Gloucester County College
1400 Tanyard Road
Sewell, NJ 08080**

If faxing:

**856.464.0868
Human Resources
Gloucester County College**

Name: _____

Position applied for: _____

Job Advertising Code: _____

*The job advertising code is located at the bottom of the job advertisement.
It indicates the advertising medium where you found this job listed.*

GLOUCESTER COUNTY COLLEGE PROHIBITS DISCRIMINATION ON THE BASIS OF RACE, CREED, COLOR, RELIGION, NATIONAL ORIGIN, SEX, PAST OR PRESENT DISABILITY, AFFECTATIONAL OR SEXUAL ORIENTATION, ATYPICAL HEREDITARY CELLULAR OR BLOOD TRAIT, AGE, MARITAL STATUS, FAMILIAL STATUS, ANCESTRY, OR LIABILITY FOR SERVICE IN THE ARMED FORCES. IT IS COMMITTED TO A PROGRAM OF AFFIRMATIVE ACTION COMPLIANCE WITH TITLE IX. FOR QUESTIONS CONCERNING DISCRIMINATION, CALL EXECUTIVE DIRECTOR, DIVERSITY & EQUITY ALMARIE JONES AT (856) 415-2154. FOR ADA/504 DISABILITY ISSUES CONTACT THE OFFICE OF SPECIAL NEEDS AT (856) 415-2281.

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NAME:

LAST FIRST MIDDLE

ADDRESS:

STREET ADDRESS CITY STATE ZIP CODE

EMAIL ADDRESS: _____

HOME TELEPHONE: () - BUSINESS TELEPHONE: () -

MAY WE CALL YOU DURING THE DAY? YES NO

Preferred Status: Full Time Part Time Temporary

Shift Preference: Day Evening Night

Salary Expected: _____ Date Available: _____

Referral Source: Self Advertisement GCC Employee Other

Is any member of your family employed by GCC? Yes No

Name: _____

Department: _____ Relationship: _____

Have you ever been employed by GCC? Yes No

If yes, supervisor's name: _____ Dates of employment: _____

Have you been convicted of a crime (except traffic violations)? Yes No
(Existence of a criminal record does not constitute an automatic bar to employment)

If yes, explain: _____

Are you a Citizen of the United States? Yes No

If no, are you legally eligible to work in the United States? Yes No

Military Service: Yes No Discharge Type: _____

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Educational Background

	Name and location of school	Current status	Course/Major area of study	Type of degree & date earned
High School		<input type="checkbox"/> <i>Graduated</i> <input type="checkbox"/> <i>Still Attending</i> <input type="checkbox"/> <i>Not Applicable</i>		
Community College(s)		<input type="checkbox"/> <i>Graduated</i> <input type="checkbox"/> <i>Still Attending</i> <input type="checkbox"/> <i>Not Applicable</i>		
Undergraduate College(s)		<input type="checkbox"/> <i>Graduated</i> <input type="checkbox"/> <i>Still Attending</i> <input type="checkbox"/> <i>Not Applicable</i>		
Graduate, Business, Trade or Professional		<input type="checkbox"/> <i>Graduated</i> <input type="checkbox"/> <i>Still Attending</i> <input type="checkbox"/> <i>Not Applicable</i>		
Other (explain if necessary)		<input type="checkbox"/> <i>Graduated</i> <input type="checkbox"/> <i>Still Attending</i> <input type="checkbox"/> <i>Not Applicable</i>		

Special Skills

Foreign Language(s) _____

Stenography _____ wpm

Typing Speed _____ wpm

Other _____

Technical/Office Equipment

Computer Skills Yes No

MS Office Yes No

Word Processing Yes No

Other _____

Employment (*List most recent first*) – additional information may be attached to application

Dates From		Organization Name and Address: _____
Month	Year	
		Position Title _____ Salary Start _____ End _____ Reason for Leaving _____ Supervisor Name _____ _____ Position Title _____ Telephone Number _____ Duties Performed _____ _____ _____
Dates To		
Month	Year	

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Dates From		Organization Name and Address: _____	
Month	Year		
		Position Title _____	Salary Start _____ End _____
		Reason for Leaving _____	
		Supervisor Name _____	
Dates To			
Month	Year		
		Position Title _____	Telephone Number _____
		Duties Performed _____	

Dates From		Organization Name and Address: _____	
Month	Year		
		Position Title _____	Salary Start _____ End _____
		Reason for Leaving _____	
		Supervisor Name _____	
Dates To			
Month	Year		
		Position Title _____	Telephone Number _____
		Duties Performed _____	

Dates From		Organization Name and Address: _____	
Month	Year		
		Position Title _____	Salary Start _____ End _____
		Reason for Leaving _____	
		Supervisor Name _____	
Dates To			
Month	Year		
		Position Title _____	Telephone Number _____
		Duties Performed _____	

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REFERENCES

Give names, addresses and telephone numbers of three (3) references who are not related to you and are not previous employers.

Name	Position	Phone No.	Address

TRANSCRIPTS OF COLLEGE WORK MUST BE ATTACHED TO COMPLETE THIS APPLICATION (*upon request*)

May we contact the employers and references indicated on this application? Yes No
If not, please indicate which one(s) you do not want us to contact.

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Applicant Statement

1. I authorize reference and **criminal background checks (employment, criminal, motor vehicle, credit, academic etc...)** listed on my application and my former employers to give Gloucester County College any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from liability for any damage that may result in furnishing this information to you.
2. I understand that certain positions may require a pre-employment physical by the college physician. Physicals will only be conducted after an offer of employment has been made.
3. I understand and agree that any misrepresentation or omission of facts in my application will be justification for refusal or termination of employment.
4. I understand that all salary offers and offers of employment for full-time and part-time positions must be authorized by the Gloucester County College Board of Trustees before they become valid.
5. I understand that this employment application and any other documents or statements are not contracts of employment. I understand that any oral or written statements to the contrary are hereby expressly disavowed and neither I nor any prospective or existing employee should rely upon such statements.

Yes – I agree to the above five statements

By checking the YES box and by either typing or signing your signature below you are agreeing to the above statements.

Signature of Applicant
(type or sign signature)

Date of Signature

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All information requested below is completely voluntary. Refusal to provide information will not subject you to any adverse treatment.

The information provided will not be part of your application for employment and will not be available to any department considering you for employment. This information is requested for reporting purposes only.

NAME:

LAST **FIRST** **MIDDLE**

Indicate Type of Position(s) Desired:

- | | |
|---|---|
| <input type="checkbox"/> Managerial/Administrative | <input type="checkbox"/> Secretarial/Clerical |
| <input type="checkbox"/> Professional Non-Faculty | <input type="checkbox"/> Skilled Crafts |
| <input type="checkbox"/> Technical/Paraprofessional | <input type="checkbox"/> Service |
| <input type="checkbox"/> Academic Faculty | <input type="checkbox"/> Other _____ |

Date of Form Completion

Gender: Male Female

Do you consider yourself to be Hispanic/Latino? Yes No

In addition, select one or more of the following racial categories to describe yourself:

- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Native Hawaiian/Pacific Islander | |

Definitions of Racial Ethnic Groups

The race/ethnic groups for State statistics and Federal reporting are defined as follows:

Native Hawaiina or Pacific Islander (not Hispanic or Latino)	A person having origin in any of the people of Hawaii, Guam, Samoa, or the Pacific Islands
American Indian or Alaskan Native: (not Hispanic or Latino)	A person having origin in any of the peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
Asian:	A person having origin 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 (not Hispanic Origin):	A person having origin in any of the black racial groups of Africa.
Caucasian (not Hispanic Origin):	A person having origin in any of the original peoples of Europe, North Africa or the Middle East.

How did you learn of the position opening? *(check all that apply)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Newspaper
name: _____ | <input type="checkbox"/> Web Site
<input type="checkbox"/> Gloucester County College web site | <input type="checkbox"/> GCC Human Resources |
| <input type="checkbox"/> Professional Journal
name: _____ | <input type="checkbox"/> Other: http:// _____ | <input type="checkbox"/> Chronicle of Higher Education |
| <input type="checkbox"/> Position Announcement
location: _____ | <input type="checkbox"/> Email group: _____ | <input type="checkbox"/> Letter via The Data Bank |
| | | <input type="checkbox"/> Acquaintance/Friend/Relative |
| | | <input type="checkbox"/> Other |

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