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Sampson Community College
P.O. Box 318
Clinton, NC 28329
Phone (910) 592-8081
Fax (910) 592-8048

Date of Application:

Thank you for your interest in employment with Sampson Community College. It is the goal of the College to strive for excellence and to find the best qualified individuals available. Although not everyone who applies can be hired, your application will be given every consideration. Applications are kept in the active status for six months unless updated by the applicant.

1. Complete application in its entirety (a resume may not be submitted in lieu of this application); incomplete applications may be rejected by the College.
2. Copies of transcript(s) MUST be included for the application packet to be complete and to be considered for a position.
3. Once hired, all employees must submit official transcripts, copies of licensure and/or certifications.
4. If hired, applicants must be able to document U.S. citizenship or eligibility for employment.
5. Mail application to the address listed above or deliver to SCC, North Building.

For questions concerning positions or the application process, please contact Frankie Sutter, Director of Personnel at (910) 900-4043 or fsutter@sampsoncc.edu

APPLICANT NAME AND CONTACT INFORMATION Note: Please print your full name as it appears on your Social Security card.

First Name		Middle Name	Last Name	
Mailing Address		City	State	Zip
List any additional names used while employed or attending school				
Primary Phone Number	Secondary Phone Number	Email Address		

Are you related to a current SCC employee? Yes No If yes, list name/relationship:

POSITION OF INTEREST Note: A separate application for each position is required to be submitted.

Position you are applying for

Employment desired Full-Time Part-Time Either/Both

Have you ever been convicted of a crime, excluding misdemeanors and summary offense, which has not been annulled, expunged or sealed by a court? Yes No If yes, describe in full:

Have you ever been discharged or asked to resign form a position? Yes No If yes, describe in full:

EDUCATION

Note: Copies of transcript(s) MUST be included to be considered for a position.

	Name & Location of School	Type of Degree	Years Attended	Did you graduate?	Major or Course of Study
High School		<input type="checkbox"/> Diploma <input type="checkbox"/> GED	From: To:		
Technical, Junior, or Community College		<input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> AA Degree <input type="checkbox"/> AAS Degree	From: To:		
College or University		<input type="checkbox"/> BA, AB <input type="checkbox"/> BS <input type="checkbox"/> _____	From: To:		
Graduate School		<input type="checkbox"/> MA <input type="checkbox"/> MS <input type="checkbox"/> MEd <input type="checkbox"/> Doctorate <input type="checkbox"/> _____	From: To:		
Other		<input type="checkbox"/> _____	From: To:		

EMPLOYMENT HISTORY

Employer Name (1)	Job Title	Dates Employed To: From:		
Employer Phone Number	Address	City	State	Zip
Starting Pay Rate:	Ending Pay Rate:	Full-Time: Years: Months: Part-Time: Years: Months: If part time, # of hours worked per week:		
Name of Supervisor	Title of Supervisor	Years: Months: If part time, # of hours worked per week:		
Job Description				
Reason for Leaving		May we contact your previous employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer Name (2)	Job Title	Dates Employed To:		
		From:		
Employer Phone Number	Address	City	State	Zip
Starting Pay Rate:	Ending Pay Rate:	Full-Time:		
		Years:	Months:	
		Part-Time:		
Name of Supervisor	Title of Supervisor	Years:	Months:	
		If part time, # of hours worked per week:		

Job Description

Reason for Leaving	May we contact your previous employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer Name (3)	Job Title	Dates Employed To:		
		From:		
Employer Phone Number	Address	City	State	Zip
Starting Pay Rate:	Ending Pay Rate:	Full-Time:		
		Years:	Months:	
		Part-Time:		
Name of Supervisor	Title of Supervisor	Years:	Months:	
		If part time, # of hours worked per week:		

Job Description

Reason for Leaving	May we contact your previous employer for references? <input type="checkbox"/> Yes <input type="checkbox"/> No
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REFERENCES

Name	Primary Phone Number	Email Address	Company

EDUCATION PHILOSOPHY STATEMENT

Education is our mission. Sampson Community College expects high standards from both faculty and staff in oral and written communications. Please write a brief statement stating why you desire employment in the position applied for and why you would be successful in this position.

STATEMENT OF SELECTIVE SERVICE REGISTRATION COMPLIANCE

Please select one of the following statements:

- I certify that I am not required to be registered with the Selective Service because:
- I am a female.
 - I am in the armed services on active duty (Note: Members of the Reserves and National Guard not on full-time active duty must register).
 - I am under the age of 18.
 - I was born before 1960.
 - I am a permanent resident of the Trust Territory of the Pacific Islands or the Northern Mariana Islands.
- I certify that I am registered with the Selective Service.
- By selecting this box I **agree** that all information in the above text is true and correct under penalty of law.
- By selecting this box I **disagree** that all of the information in the above text is true and correct under penalty of law.

My typed name below certifies the above selected agreement for validity of information and acts as my digital signature.

Typed Name: _____ Date _____

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION FORM

Sampson Community College is an equal opportunity institution that encourages diversity, and does not discriminate against race, color, religion, national origin, or ancestry, age, sex, marital status, sexual orientation, disability, or other protected category under North Carolina and Federal law. Compliance with Section 504 of the Rehabilitation Act of 1973 and with the Americans with Disabilities Act (ADA) is a priority of the College. Contact Frankie Sutter, Director of Personnel, concerning issues related to Section 504 and ADA Compliance at (910) 900-4043 or fsutter@sampsoncc.edu.

The sole purpose of the information requested below is to comply with record-keeping, reporting, and other legal requirements. Periodic reports to governmental agencies may be made on the following information. The completion of this form is optional. If you choose to volunteer the requested information, please note that this form is kept in a confidential file and is not part of your application for employment. Inclusion or exclusion of any data will not affect any employment decision. The information will be used to assess how well our recruitment efforts are reaching all segments of the population.

Date

First Name		Middle Name	Last Name
Date of Birth	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Citizenship <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Foreign National <input type="checkbox"/> Non-Resident Foreign National	

Ethnicity: Hispanic or Latino Non-Hispanic or Latino

Race

If you checked "Non-Hispanic or Latino" then please select one or more of the race categories listed below:

- White Asian
 Black or African American American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander

Handicap: A handicap is any impairment which substantially limits a major life function. This information is optional and will be maintained confidentially. Failure to provide this information will not subject you to any adverse treatment.

- Visual Impairment/blindness Respiratory Impairment
 Hearing Impairment/deafness Loss or impairment of upper or lower limits
 Cardiovascular disorder Nervous system/neurological disorder (example: epilepsy)
 Emotional/mental disorder

CERTIFICATION

Sampson Community College does not pay for interview travel costs and/or relocation.

Applicants for faculty positions who accept an interview will be asked to demonstrate proficiency in oral and written communications in the language in which the assigned courses will be taught.

Applicants for positions which require a specific degree, certification, or license will be required to have official transcripts or documentation on file with the College within 30 days of their hire date.

Proof of citizenship or immigration status will be required of all applicants upon employment. Please select the box below to agree to the following statements:

I certify that all of the statements 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 the College or its designee to investigate all statements and information provided on this application or attached thereto. I understand that false information or the omission of relevant information may be grounds for rejection of my application and/or dismissal if employed. I release from all liability and agree to hold harmless, all former employers, references, and persons providing information about my experience, education, and abilities.

I understand that nothing contained in this application or in the interview process is intended to create an employment contract between the college and me.

My typed name below certifies the above selected agreement for validity of information and acts as my digital signature.

Typed Name: _____ Date _____