



APPLICATION FOR EMPLOYMENT

WALLACE COMMUNITY COLLEGE - DOTHAN

Position Information	Title of position for which you are applying:				Date of Application	
Personal Information	Last Name		First Name		Middle Initial	
	Address		City		State	Zip
	Contact Information					
	Phone: Home		Work	Cell	E-mail Address	
Secondary and Postsecondary Education		School/College		Dates Attended From / To	Major	Minor
						Degree(s) Earned
	High School/ GED					
	College					
	College					
	College					
Other (Specify)						
Employment History	Please list most recent employment experience first.					
	Employer		Telephone Number		Job Duties	
	Address		Dates of Employment			
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Hourly Rate/Salary			
	Reason for Leaving					

Employment History (Continued)	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly Rate/Salary	
	Reason for Leaving		
Employment History (Continued)	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly Rate/Salary	
	Reason for Leaving		
Employment History (Continued)	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly Rate/Salary	
	Reason for Leaving		
Employment History (Continued)	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly Rate/Salary	
	Reason for Leaving		

May we contact your current employer?

Yes

No

Skills, Awards, Certificates or Professional Activities	

References	Please list three references, other than relatives, who can provide information verifying qualifications, character, or work experience.		
	Name and Title	Address	Phone Number
Family Relationship	For the purposes of disclosure, relative includes the following: spouse, dependent, adult child and his or her spouse, parent, spouse's parents, sibling and his or her spouse.		
	Are you a relative of any employee in the Alabama Community College system, including (name of college), or any member of the State Board of Education? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, list the name(s), relationship, and employer/position of relative(s):		
Felony Conviction(s)	Have you ever been convicted of or pled no contest or guilty to any felony or any crime involving theft, dishonesty, violence, or sexual misconduct? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, explain below:		
Consent Agreement	I represent and warrant that the information I have given on this application is full and true to the best of my knowledge and belief. I further acknowledge that I understand that I must provide documented verification of education, experience, and required certifications and/or licensures. And further, I represent and warrant that I have answered fully and truthfully all questions regarding criminal convictions/records. I understand that any offer of employment is contingent upon a satisfactory criminal background investigation, and I hereby authorize my employing authority within the Alabama Community College System and/or its assigns to conduct a criminal background history investigation. I understand that in the event a conviction for a felony or any crime involving moral turpitude is found that the procedures set out in the guidelines for State Board Policy 623.01 will be followed. I hereby expressly request, and give permission to, former employers and any persons who may have pertinent information concerning this application to furnish such information to college officials. I agree to hold the college and such persons harmless, and I do hereby release them from any and all liability for damage of any nature whatsoever for furnishing such information. I understand that failure to provide full and true information on this application may result in disqualification or dismissal.		
	Signature of Applicant	Date	

Are you a member of the Alabama Community College System Applicant Pool? Yes No

**Return application to: WALLACE COMMUNITY COLLEGE
ATTN: HUMAN RESOURCES OFFICE
1141 WALLACE DR
DOTHAN AL 36303
334-556-2484**

NOTE: THE COLLEGE WILL NOT ACCEPT ELECTRONICALLY SUBMITTED (FAXED OR E-MAILED) APPLICATION MATERIALS.

It is the policy of the Alabama Department of Postsecondary Education, including all postsecondary institutions under the control of the Alabama State Board of Education, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment. (Each institution will make reasonable accommodations for qualified disabled applicants or employees.)

