



# EMPLOYMENT APPLICATION

## PLEASE NOTE!

Your signature is required on this application in order for it to be considered. All applications without a valid signature will be discarded. Dalton State College will retain applications on file for a period of 12 months from the date of your signature.

### **Notice of Nondiscrimination**

Admissions policies, activities, services, and facilities of the College do not exclude any person on the basis of race, color, age, sex, religion, national origin, or disability. Dalton State College is an Affirmative Action Program Institution. Any individual who requires assistance for admission to or participation in any program, service, or activity of Dalton State College under Title II of the Americans with Disabilities Act should contact the designated Title IX and Section 504 Coordinator.

Ms. Faith Miller, Director of Human Resources  
Westcott Building, Room 140  
(706) 272-2034

DSC is an ADA/AA/EEO Employer

**Application for Employment**  
**Dalton State College**  
 A Unit of the University System of Georgia  
 An Affirmative Action/Equal Opportunity Educational Institution

**PERSONAL**

Name (Last)	(First)	(Middle)	Social Security Number
Address (Street, City, State, Zip)		Home Phone ( ) ( )	Business Phone ( ) ( )
Indicate types of employment you are willing to accept:	Full Time <input type="checkbox"/> Yes <input type="checkbox"/> No	Part Time <input type="checkbox"/> Yes <input type="checkbox"/> No	Permanent <input type="checkbox"/> Yes <input type="checkbox"/> No
	Temporary <input type="checkbox"/> Yes <input type="checkbox"/> No		Shifts <input type="checkbox"/> Yes <input type="checkbox"/> No
Position for which you are applying:	Are you willing to work overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Minimum salary you are willing to accept	Date Available
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, type of Visa	Do you have a relative by blood or marriage employed at DSC? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of relative and department

**One employment application is sufficient. A cover letter may be included to indicate interest in more than one vacancy.**

**EDUCATION**

	Name	City/State	Highest Yr. Completed	Degree/Major	Yr. Grad.
GED					
High School			<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
College			<input type="checkbox"/> Fr <input type="checkbox"/> So <input type="checkbox"/> Jr <input type="checkbox"/> Sr		
Graduate School					
Vocational/Business					
Other (Specify)					
Honors, Extra Curricular Activities, Offices Held:					

**MILITARY**

Branch of Service	Active Duty: From _____ To _____
Rank or Ranking	
Service Schools Completed	

**SKILLS**

Typing WPM	Computer Literate	Professional Licenses/Registrations:				
Are you fluent in any languages other than English? <input type="checkbox"/> Yes <input type="checkbox"/> No		Language:	Speak:	Read:	Write:	
Indicate experience in years:						
Clerk	Admin. Assist.	Cashier	Accounting	Payroll	Library	Drafting
Programmer	Personnel	Elec. Technician	Data Entry	Mech. Technician	Comp. Technician	Janitor
Groundskeeper	Landscaping	Carpenter	Plumber	Painter	Electrician	AC Mechanic
Locksmith	Inventory	Security Guard	Storekeeper	Auto Mechanic	Equip. Mechanic	Word Processor
Other (Please Specify)						

**EMPLOYMENT**

Name of present or most recent employer:		
Address:		Telephone
Name of Supervisor:		Your Title
Date of Employment: From	To	Starting Salary
		Ending Salary
Reason for Leaving:		
Description of Duties:		

Name of next most recent employer:		
Address:		Telephone
Name of Supervisor:		Your Title
Date of Employment: From	To	Starting Salary
		Ending Salary
Reason for Leaving:		
Description of Duties:		

Name of next most recent employer:		
Address:		Telephone
Name of Supervisor:		Your Title
Date of Employment: From	To	Starting Salary
		Ending Salary
Reason for Leaving:		
Description of Duties:		

Name of next most recent employer:		
Address:		Telephone
Name of Supervisor:		Your Title
Date of Employment: From	To	Starting Salary
		Ending Salary
Reason for Leaving:		
Description of Duties:		

**REFERENCES**

List three persons, other than relatives or personal friends, who have knowledge of your work experience and/or education.

NAME	MAILING ADDRESS	DAYTIME PHONE NUMBER

The Immigration Reform and Control Act of 1986 requires documentation of identity and eligibility in the United States.

Georgia is an Open Records state.

Have you ever been convicted or are any charges now pending against you by Federal, State or other law enforcement authorities, for any violation of any federal law, county or municipal law, regulation or ordinance? Do not include anything that happened before your sixteenth birthday. Do not include minor traffic violations for which a fine of \$35 or less was imposed. All other convictions must be included even if they are pardoned.  Yes  No.

If YES, answer fully the reason convicted. (The existence of a criminal record does not constitute an automatic bar to employment.)

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**I hereby certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, any falsified statement herein is considered sufficient cause for dismissal. I understand that information concerning past employment, and other facts, are subject to inquiry.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**VOLUNTARY EMPLOYMENT INFORMATION FORM**  
**Dalton State College**

Dear Applicant:

We appreciate your interest in employment at Dalton State College. In an effort to comply with Federal Regulations that require the College to keep records regarding sex, race, veteran and/or disabled veteran status, handicapped status, etc. on all applicants for employment, we are providing this form for your consideration. The completion of this form is voluntary and will in no way be associated with the evaluation of your credentials for the position under consideration. Further, should you choose not to provide this information, that fact will not be a factor in the consideration of your credentials for the position.

Your assistance in this matter will be appreciated.

Affirmative Action Officer

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NAME (Optional): \_\_\_\_\_

POSITION YOU ARE APPLYING FOR \_\_\_\_\_

Please check one of the following:

- Female
- Male

Please check one of the following:

- U. S. Citizen
- Permanent Resident
- Non-Resident Alien

Please check one of the following:

- American Indian
- Asian
- Black
- Hispanic
- Multi-racial
- White

Please check one of the following:

- Veteran and/or Disabled Veteran

If you do not wish to supply this information, please check here. \_\_\_\_\_

In addition, please help us evaluate the effectiveness of the medium for our advertisement by checking one of the following:

I saw the ad for this position in:

- |  |   |
|--|---|
| <input type="checkbox"/> The Chronicle of Higher Education | <input type="checkbox"/> The Atlanta Journal Constitution |
| <input type="checkbox"/> The Daily Citizen News            | <input type="checkbox"/> DSC Web Site                     |
| <input type="checkbox"/> The Applicant Clearinghouse       | <input type="checkbox"/> Other (please specify below)     |
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