



Please retain this first page for your information and return all of the following pages to Montgomery Community College as part of your employment application.

EMPLOYMENT APPLICATION PROCESS AT MONTGOMERY COMMUNITY COLLEGE

To be considered for employment, you must **fully complete and sign** the attached EMPLOYMENT APPLICATION, and the TYPE OF EMPLOYMENT forms. We do request that you enclose copies of all your transcripts above the high school level. **OFFICIAL TRANSCRIPTS WILL BE REQUIRED UPON EMPLOYMENT.** In addition, you may enclose resumes, certificates, references, etc. Our general process is that your application is placed in our active files for a period of 90 days from the date your application/re-activation request was received in our office. After deactivation, your file will be transferred to our inactive files which are retained for approximately two years after the current year and then shredded. Should you wish your file to return to the active files, you must contact us in writing. Your file will then be reactivated for another three months from the date we receive the reactivation notice. Further reactivation will be handled in a like manner. When the college has a permanent vacancy, we do attempt to review all the active files, looking for any that might meet the minimum qualifications for the vacancy. Also, if you have indicated an interest in temporary teaching on your application, your file will be available for those who make hiring decisions.

The following briefly describes our employment process for permanent positions:

The opening is advertised and applications are accepted through the specified deadline date. After the deadline, applications are reviewed by Personnel to identify those candidates meeting the minimum qualifications. Candidates must supply copies of college transcripts prior to deadline. The files of those meeting the minimum qualifications are forwarded to the Selection Committee.

The Committee is generally a broad-based one with individuals both from the department where the open position exists, and from other related areas of the college. The Committee reviews all of the qualified applications and recommends a list for interviews. Once the list is approved, those candidates are called and interviews are scheduled.

After the interview, the Committee goes through a ranking procedure, checks references, and sends its recommendation to the President of the College for review and submission to the College Board of Trustees for approval. Once final approval is obtained, the selected individual is called and offered the position. A formal offer of employment will be forwarded by the President, pending approval by the Board of Trustees where necessary.

As you can see, our permanent employment process is involved and can take eight to twelve weeks. As a result of this process, however, we feel the best qualified candidate is selected for the position without regard to race, creed, sex, national origin, or disability. Should you have any questions concerning the above, please feel free to contact me at (910) 898-9634.

In compliance with the *Jeanne Clery Disclosure Campus Security Policy and Campus Crime Statistics Act*, MCC invites you to visit our website at www.montgomery.edu/security.htm to access the College's Annual Security Report. Please contact me if you would like a written report mailed to you.

We look forward to receiving your application. Your interest in this institution is appreciated.

Melisa Bond
Personnel

An Equal Employment Opportunity Educational Institution

Revised 03-2005



Montgomery Community College

1011 Page Street, Troy, North Carolina 27371

TYPE OF EMPLOYMENT

Please specify all of the types of positions in which you are interested. Check as many as you are willing to consider:

ADMINISTRATIVE:

- Full-time Administration
 Part-time Administration

INSTRUCTIONAL:

- Full-time Instruction
 Part-time Curriculum Instruction
 Part-time Continuing Education

OTHER

- Other. Describe:

HOURS/WEEK-ENDS:

If willing to do part-time work, please specify what evening and other part-time hours you would consider working, and also if you would consider working on Saturdays:

Please state your teaching area:

Please state your administrative specialty:

Please print your name, address, phone number, and date on this form below:

DATE:

NAME:

ADDRESS:

PHONE:

An Equal Employment Opportunity Educational Institution



MCC IS AN EQUAL EMPLOYMENT OPPORTUNITY EDUCATIONAL INSTITUTION.
EMPLOYMENT APPLICATION

INSTRUCTIONS FOR COMPLETING APPLICATION FORM

MONTGOMERY COMMUNITY COLLEGE
 1011 PAGE STREET, TROY, NORTH CAROLINA 27371

NOTICE:

1. TO BE CONSIDERED FOR STATE EMPLOYMENT, YOU MUST ANSWER ALL QUESTIONS AND COMPLETE ALL SECTIONS OF THIS APPLICATION FORM.
2. THE STATE EMPLOYES ONLY US CITIZENS OR ALIENS WHO CAN PROVIDE PROOF OF IDENTITY AND WORK AUTHORIZATION WITHIN 3 WORKING DAYS OF EMPLOYMENT.
3. MALES SUBJECT TO MILITARY SELECTIVE SERVICE REGISTRATION MUST CERTIFY COMPLIANCE TO BE ELIGIBLE FOR STATE EMPLOYMENT (G.S. 143B-421.1). SEE AVAILABILITY BLOCK.
4. A BACKGROUND CHECK IS REQUIRED FOR ALL PROSPECTIVE EMPLOYEES. YOUR SIGNATURE IS REQUIRED IN ORDER TO OBTAIN THIS INFORMATION. (See page 5)

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU:

1. USE A BLACK INK PEN OR TYPEWRITER.
2. COMPLETE THE SECTION OF EQUAL OPPORTUNITY INFORMATION LISTED AT BOTTOM OF THIS PAGE.
3. GIVE COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY ("SEE RESUME" IS NOT ACCEPTABLE).
4. LIST SEPARATELY EACH JOB HELD AND YOUR DUTIES FOR EACH POSITION WHEN YOU WORKED FOR ONE EMPLOYER AND HELD MORE THAN ONE POSITION.
5. CHECK FOR ACCURACY. SIGN AND DATE YOUR APPLICATION.

NOTE: IF YOU FORGET TO COMPLETE SOME PART OF THE APPLICATION OR DO NOT INCLUDE REQUESTED INFORMATION, YOUR APPLICATION MAY NOT BE CONSIDERED.

Thank you for your interest in Montgomery Community College. It is the goal of the College to find the best qualified people available to serve the citizens of North Carolina. Although everyone who applies cannot be hired, your application will be given every consideration.

Equal Opportunity Information

State Government policy prohibits discrimination based on race, sex, color, creed, national origin, age or disability. Sex or age is a bona fide occupational qualification in a small number of State jobs. The information requested below will in no way affect you as an applicant. Its sole use will be to see how well our recruitment efforts are reaching all segments of the population.

Date of Birth	Ethnic Group
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 5px;"></div> </div> <p style="text-align: center;">(mo) (day) (year)</p>	<ol style="list-style-type: none"> 1. <input type="checkbox"/> White (non-Hispanic) 2. <input type="checkbox"/> Black (non-Hispanic) 3. <input type="checkbox"/> Hispanic (Mexican, Puerto Rican, Cuban, Central or South American, other Spanish origin regardless of race) 4. <input type="checkbox"/> Asian (including Pacific Islander) 5. <input type="checkbox"/> American Indian (including Alaskan native)
<p>Sex:</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>	

DISABILITY: "Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; or (3) being regarded as having such an impairment" (Americans with Disabilities Act of 1990). Persons without a disability should check item A.
 The reporting of a disability is strictly VOLUNTARY. Persons with disabilities who DO NOT WISH to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27

<p>A <input type="checkbox"/> None/Prefer not to report</p> <p>B <input type="checkbox"/> Blind or severely visually impaired</p> <p>C <input type="checkbox"/> Deaf or severely hearing impaired</p> <p>D <input type="checkbox"/> Loss or limited use of arms and/or hands</p> <p>E <input type="checkbox"/> Non-ambulatory (must use wheelchair)</p> <p>F <input type="checkbox"/> Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, spina bifida, etc.)</p>	<p>G <input type="checkbox"/> Respiratory impairment</p> <p>H <input type="checkbox"/> Nervous system/Neurological disorder</p> <p>I <input type="checkbox"/> Mentally restored</p> <p>J <input type="checkbox"/> Mental retardation</p> <p>K <input type="checkbox"/> Learning disability</p> <p>L <input type="checkbox"/> Others (heart disease, diabetes speech impairment)</p> <p>M <input type="checkbox"/> Other (please specify) </p>
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Applicant name:

Date:



MCC IS AN EQUAL EMPLOYMENT OPPORTUNITY EDUCATIONAL INSTITUTION

1011 Page Street, Troy, NC 27371

EMPLOYMENT APPLICATION

Note: For your application to be considered, please complete all sections, do not write "See Resume" and be sure to enclose all requested information.

Please Print or Type (SSN Voluntary, for Record-Keeping and Data Processing Only).

Date of Application

Are you a retired state employee? Yes No

Social Security Number	Last Name	First Name	Middle Name
Address (Street number and name)		City	County
State	Zip Code	Phone (Home or where you can be reached)	Business Phone

Availability
Do you now work for the State of NC?
 YES NO

Are you related by blood or marriage to any person now working for the State YES NO
If yes, give name, relationship to you and the agency where employed.

If subject to Military Selective Service registration, certify compliance by initialing dotted line

Military Service
Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? YES NO
Give dates of your qualifying active military service:
Entered: _____ Separated: _____ Branch: _____ Rank: _____
Are you a member of the Military Reserves? YES NO Branch: _____ Rank: _____

CHECK the types of work you will accept: 1. Permanent full-time 2. Permanent part-time 3. Temporary full-time 4. Temporary part-time
 5. Any of the preceding 6. Work involving Travel 7. Shift or Split Shift Work
If you are not available for work now, enter the earliest date you could begin work (mo/day/yr.) _____

Jobs Applied For
Enter below the specific title(s) of the job(s) for which you are applying. Please list no more than three on this application.
1. _____ 2. _____ 3. _____

Referral Source
Please indicate your referral source: _____
If you were referred by the Employment Security Commission (Job Service) please indicate which local office: _____

Education
Please list highest grade completed _____

Under S/Q Hrs., list the hours of credit received and if they were semester (S) or quarter (Q) hours. **Please Attach Photocopies of College Transcripts.**

Schools	Name and Location	Dates Attended (mo/yr)		Grad?	S/Q Hrs.	Major/Minor Course Work	Type of Degree Received
		From:	To:				
High School				YES <input type="checkbox"/> NO <input type="checkbox"/>			
College(s)				YES <input type="checkbox"/> NO <input type="checkbox"/>			
University (s)				YES <input type="checkbox"/> NO <input type="checkbox"/>			
Graduate or Professional				YES <input type="checkbox"/> NO <input type="checkbox"/>			
Other educational, vocational school, internships, etc.				YES <input type="checkbox"/> NO <input type="checkbox"/>			

Special training programs and seminars you have completed in the last five years (list):

If the job(s) applied for calls for specific courses, indicate those courses taken and credits received:

Current professional status: (List fields of work for which you have been registered)
Registration: _____ State: _____ No. _____
Registration: _____ State: _____ No. _____

Membership in professional, honorary, or technical societies (list):

DO NOT COMPLETE THIS BLOCK

DEGREES AND PROFESSIONAL CREDENTIALS
 Have been verified
 Will be verified within 90 days (G.S. 126-30)
Person Responsible: _____

Licenses and certifications (List, giving dates and sources of issuance):

SKILLS

CHECK the following skills, experiences, etc., which you have:

- | | | | |
|--|--------------------------|---|--|
| <input type="checkbox"/> Driver's License | Number _____ State _____ | <input type="checkbox"/> Sign Language | <input type="checkbox"/> Legal transcription |
| <input type="checkbox"/> Chauffeur's License | Number _____ State _____ | <input type="checkbox"/> Foreign language (specify) _____ | <input type="checkbox"/> Medical transcription |
| <input type="checkbox"/> Car for use at work | Number _____ State _____ | <input type="checkbox"/> Adding Machine/calculator | <input type="checkbox"/> Braille |
| | | <input type="checkbox"/> Typing (specify WPM) _____ | <input type="checkbox"/> Word Processing |
| | | <input type="checkbox"/> Shorthand/speedwriting (specify WPM) _____ | <input type="checkbox"/> Other _____ |

Have you ever been convicted of an offense against the law other than a minor traffic violation? (A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.) YES NO (If yes, explain fully on an additional sheet.)

Please sign here: **Background check authorization** _____

WORK HISTORY PAGE 1, Include volunteer experience; use Additional Sheets if Necessary; Selection Committees may not consider "see resume".

Current or Last Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time	Years	Months		
<input type="checkbox"/>	_____	_____		
Part Time	Years	Months		
<input type="checkbox"/>	_____	_____		
If part time, number of hours worked per week: _____				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving	
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time	Years	Months		
<input type="checkbox"/>	_____	_____		
Part Time	Years	Months		
<input type="checkbox"/>	_____	_____		
If part time, number of hours worked per week: _____				
Employer:		Address:		
Job Title:		Supervisor's Name	Telephone Number	No. Supervised by you:
Date Employed (mo/yr)	Starting Salary \$ _____ per _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving	
Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time	Years	Months		
<input type="checkbox"/>	_____	_____		
Part Time	Years	Months		
<input type="checkbox"/>	_____	_____		
If part time, number of hours worked per week: _____				

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

Signature of Applicant (unsigned applications will not be processed)

Date

MONTGOMERY COMMUNITY COLLEGE

An Equal Opportunity/Affirmative Action Employer

Social Security Number

Last Name

Employer:	Address:		
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Job Title:	Supervisor's Name	Telephone Number	No. Supervised by you:
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Date Employed (mo/yr)	Starting Salary \$ _____ per _____	Ending Salary \$ _____ per _____	Reason for Leaving	May We Contact Employer YES <input type="checkbox"/> NO <input type="checkbox"/>
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Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time	Years	Months		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Part Time	Years	Months		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
If part time, number of hours worked per week: _____				

Employer:	Address:		
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Job Title:	Supervisor's Name	Telephone Number	No. Supervised by you:
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Date Employed (mo/yr)	Starting Salary \$ _____ per _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving
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Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time	Years	Months		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Part Time	Years	Months		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
If part time, number of hours worked per week: _____				

Employer:	Address:		
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Job Title:	Supervisor's Name	Telephone Number	No. Supervised by you:
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Date Employed (mo/yr)	Starting Salary \$ _____ per _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving
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Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time	Years	Months		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Part Time	Years	Months		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
If part time, number of hours worked per week: _____				

Employer:	Address:		
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Job Title:	Supervisor's Name	Telephone Number	No. Supervised by you:
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Date Employed (mo/yr)	Starting Salary \$ _____ per _____	Ending or Current Salary \$ _____ per _____	Reason for Leaving
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Date Separated (mo/yr)	List major duties in order of their importance in the job:			
Full Time	Years	Months		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Part Time	Years	Months		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
If part time, number of hours worked per week: _____				

I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications (Authority: G.S. 126-30, G.S. 14-122.1.)

Signature of Applicant (unsigned applications will not be processed)

Date



A completed MCC application requires three references. The references listed must be readily accessible, and the applicant should have notified the reference in advance that they may be contacted by the College. References may not be related to the applicant.

Reference #1: a former supervisor or employer	
Name:	
Title:	
Business:	
Dates Employed:	
Phone:	
Email:	
Best time to contact:	

Reference #2: a former coworker or employer	
Name:	
Title:	
Business:	
Dates Employed:	
Phone:	
Email:	
Best time to contact:	

Reference #3: a character reference	
Name:	
Occupation:	
Phone:	
Email:	
Best time to contact:	

Applicant Signature

Date