



APPLICATION FOR EMPLOYMENT

Shelton State Community College

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)					
Additional information	<p>Are you currently employed or have been employed within the last twelve months at an Alabama Community College System college.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, list the name of the college(s) and dates: _____</p>					
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 Shelton State, or any member of the Alabama Community College System Board of Trustee <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 established for the Board of Trustees policy concerning criminal background checks will be followed. I further understand that I will be responsible for the cost of said criminal background check. 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 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

Shelton State Community College
Attention: Office of Human Resources
9500 Old Greensboro Road
Tuscaloosa, AL 35405
205.391.2272

It is the policy of the Alabama Community College System, including all postsecondary community and technical colleges under the control of the Alabama Community College System Board of Trustees, that no employee or applicant for employment or promotion, on the basis of any impermissible criterion or characteristic including, without limitation, race, color, national origin, religion, marital status, disability, sex, age, or any other protected class as defined by federal and state law, shall 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.)

Revised 2.25.2019