

Bristol Community College

APPLICATION FOR EMPLOYMENT

Bristol Community College changes the world by changing lives, learner by learner.

Date of Application: _____

PERSONAL

Name: _____			
Last	First	Middle	
Address: _____			
Street Address	Town/City	State	Zip Code
Email Address: _____			
Telephone No.: _____			
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is your Visa status? _____			
U.S. Military Service: <input type="checkbox"/> Veteran <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Member of National Guard			
Dates of Service: From _____ to _____.			

JOB INTEREST

Position Applied For _____	Date Available for Work _____
Have you ever been employed at the College? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date and position held: _____	
What prompted you to apply for employment at the College?	
<input type="checkbox"/> Magazine/Newspaper <input type="checkbox"/> Employee Referral <input type="checkbox"/> Internal Posting <input type="checkbox"/> Family Member <input type="checkbox"/> Website: _____	
<input type="checkbox"/> College/University Placement Office <input type="checkbox"/> Government Office <input type="checkbox"/> Other _____	
Other positions for which you feel you are qualified? _____	

EDUCATION

<u>High School:</u>			

Name & Location	Program	Year of Graduation	
<u>*College/s:</u>			

Name & Location	Degree	Major	Year of Graduation

Name & Location	Degree	Major	Year of Graduation

<u>Other Business/Apprentice/Vocational School:</u>			

Name & Location	Program	Year of Graduation	

*For positions requiring a college degree(s), certified transcripts must be submitted upon hire.			

An Equal Opportunity/Affirmative Action Employer

Bristol Community College does not discriminate on the basis of race, color, national origin, sex, age or handicap in admission, access, or treatment of its programs and activities. Applicants for admission and employment, students, employees, and referrals of applicants for admission and employment with questions or complaints about compliance with Title VI of Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and Age Discrimination Act of 1975 should contact Tafa Awolaju, Vice President of Human Resources and Affirmative Action, Room D208, at 508-678-2811, Ext. 2194. Or contact the Assistant Secretary of the Office of Civil Rights, U.S. Department of Education, Washington, DC 20202, or the Regional Director for the Office for Civil Rights, Region One, Boston, MA 02109.

Those with questions or complaints regarding Section 504 of the Rehabilitation Act of 1973 should contact the Director of Counseling, Room G208, at 508-678-2811, Ext. 2234.

PROFESSIONAL LICENSES/CERTIFICATES

License/Designation	Number	Date Attained	State Licensed In

OFFICE SKILLS

- Personal Computer Shorthand, W.P.M. _____ Calculator
 Typing, W.P.M. _____ Data Entry Other _____
Computer Skills (Please specify software applications): _____

EMPLOYMENT HISTORY – Start with your present or most recent job. Include military service assignments and any verified work performed on a volunteer basis. If résumé contains information, please state SEE RÉSUMÉ on appropriate line.

1. _____

Name of Employer	Address	Dates Employed: From - To
Job Title	Wages or Salary	Telephone No.
Name/Title of Immediate Supervisor		Reason for Leaving
Describe Major Job Duties		

2. _____

Name of Employer	Address	Dates Employed: From - To
Job Title	Wages or Salary	Telephone No.
Name/Title of Immediate Supervisor		Reason for Leaving
Describe Major Job Duties		

3. _____

Name of Employer	Address	Dates Employed: From - To
Job Title	Wages or Salary	Telephone No.
Name/Title of Immediate Supervisor		Reason for Leaving
Describe Major Job Duties		

4. _____

Name of Employer	Address	Dates Employed: From - To
Job Title	Wages or Salary	Telephone No.
Name/Title of Immediate Supervisor		Reason for Leaving
Describe Major Job Duties		

May we contact your present employer? Yes No

References

Please list name, address and telephone number of three references not related to you:

<u>Name and Occupation</u>	<u>Address</u>	<u>Phone Number</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Notification of Request for CORI
Criminal Offense Record Investigation (CORI) Requirement

I understand that if I am hired by Bristol Community College, I may be required to sign a release to initiate a Criminal Offense Record Investigation (CORI) report. I understand that a criminal record check may be conducted for conviction and pending criminal case information only and that it has the potential to disqualify me. In such an event, I could appeal the decision. My signature below indicates that I understand this notification

Signature of Applicant

Date

Personnel Data Records at Bristol Community College are kept as required by the Commonwealth of Massachusetts Fair Information Practices Act, and Privacy and Confidentiality Regulations of the Massachusetts Board of Higher Education.

As an applicant for employment, we want you to know that we may request letters, statements of recommendation, or evaluations from listed references, former employers, educational settings, etc. This information will be used by a Search Committee or the Vice President of Human Resources along with the Supervisor of the vacant position to assist in selecting candidates for positions.

Applicant's Statement

I certify that all answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release from all liability any persons, companies, institutions, organizations and schools supplying such information. I understand that false or misleading information given or significant omissions made by me in this application or during interview(s) may be sufficient cause for denial of employment or for discharge.

I understand that this application is not, and is not intended to be, a contract of employment or promise of any future benefits.

If I receive an offer of employment, I consent to take any physical examination(s) that may be required by the College. I understand, also, that I would be required to abide by all rules and regulations of the College.

Signature of Applicant

Date

Bristol Community College ♦ www.bristolcc.edu

Fall River Campus 777 Elsbree Street Fall River, MA 02720 508-678-2811 ♦ FAX 508-730-3278	New Bedford Campus 188 Union Street New Bedford, MA 02740 508-678-2811, Ext. 4000 ♦ FAX 508-730-3264	Attleboro Center 135 County Street Attleboro, MA 02703 508-226-2484 ♦ FAX 508-222-7638
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BRISTOL COMMUNITY COLLEGE
Fall River, MA

AFFIRMATIVE ACTION

The information requested on this form is for affirmative action purposes only. In accordance with the Massachusetts Fair Practice Law, you are not required to provide this information prior to employment. However, it would help us greatly if you would complete and return this form to us. If you choose, you need not give your name and you may send it to us under separate cover. Thank you for your assistance.

Position Applied For: _____

Name: _____

Date: _____

Sex: Male Female

Race or Ethnic Identification:

- | | |
|---|--|
| <input type="checkbox"/> Caucasian (white) | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Black | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Cape Verdean |
| <input type="checkbox"/> Other (Describe) _____ | |

Veteran:

Yes No Period of Service: From _____ to _____

What prompted you to apply for employment at the College?

Advertising - Source: _____

Posting Notice – Where seen: _____

- Advised to apply by:
- | |
|---|
| <input type="checkbox"/> Faculty or Staff _____ |
| <input type="checkbox"/> Friends _____ |
| <input type="checkbox"/> Relative _____ |
| <input type="checkbox"/> Other _____ |