



For HR Use Only  
 Interview Date: \_\_\_\_\_  
 Interview Time: \_\_\_\_\_  
 Room: \_\_\_\_\_

## Employment Application

### I. Applicant Information

Date of Application: \_\_\_\_\_ Name: \_\_\_\_\_  
*Last* *First* *MI*

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Position desired: \_\_\_\_\_

Classification desired:  Full Time (Professional, Support or Faculty)  Part Time/Hourly  
 Adjunct Faculty ( Continuing Education & Training OR  Credit Faculty)

Minimum annual salary required: \$ \_\_\_\_\_ Date available to begin work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Will you now or in the future require sponsorship for employment visa status?  Yes  No

Have you ever been suspended, discharged, or asked to resign from a job?  Yes  No If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever worked for Carroll Community College?  Yes (dates: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ )  No

## II. Education

Résumé cannot substitute for information required below.

	Name of Institution Attended & City, State	Degree/Certificate Pursued	Field of Study or Major/Minor	Diploma/Degree or Certificate Completed?
High School/GED		N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No (# of credits ____ )
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No (# of credits ____ )
College		<input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's		<input type="checkbox"/> Yes <input type="checkbox"/> No (# of credits ____ )
College		<input type="checkbox"/> Associate <input type="checkbox"/> Bachelor's <input type="checkbox"/> Master's		<input type="checkbox"/> Yes <input type="checkbox"/> No (# of credits ____ )
Post-Graduate		<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____		<input type="checkbox"/> Yes <input type="checkbox"/> No (# of credits ____ )

### III. Employment

**Résumé cannot substitute for information required below. See Section IV for post-secondary teaching experience.**

List present or most recent position first. Include additional employers on an attached sheet of paper.

May we contact your current employer?  Yes  Call Me First  N/A

.....

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

Dates of Employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Your Title: \_\_\_\_\_

Status:  Full time  Part time  Other \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

.....

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

Dates of Employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Your Title: \_\_\_\_\_

Status:  Full time  Part time  Other \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

.....

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

Dates of Employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Your Title: \_\_\_\_\_

Status:  Full time  Part time  Other \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## IV. Teaching Experience (if applicable)

Résumé cannot substitute for information requested below.

List present or most recent position first. Include additional employers on an attached sheet of paper.

May we contact your current employer?  Yes  Call Me First  N/A

.....  
Name of School/Institution: \_\_\_\_\_

School/Institution Address: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

Dates of Employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Your Title: \_\_\_\_\_

Status:  Full time  Part time  Other \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

.....  
Name of School/Institution: \_\_\_\_\_

School/Institution Address: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

Dates of Employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Your Title: \_\_\_\_\_

Status:  Full time  Part time  Other \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

.....  
Name of School/Institution: \_\_\_\_\_

School/Institution Address: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Supervisor's Phone Number: \_\_\_\_\_

Dates of Employment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Your Title: \_\_\_\_\_

Status:  Full time  Part time  Other \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## V. Special Skills/Qualifications

List specific computer software experience (including tasks performed):

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List special equipment experience: \_\_\_\_\_

If applying for faculty or adjunct position, describe areas of teaching specialization:

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List professional licenses and certifications held: \_\_\_\_\_

List honors (recognitions, fellowships, awards, publications, exhibits) and professional memberships:

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List any other skills or abilities that make you particularly qualified for the position for which you are applying:

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## VI. Certifications/Disclosures

### Applicant Certification:

To the best of my knowledge, the information that I have provided on this application and throughout the recruitment process is correct and complete. I understand that any misrepresentation or omission of material, or reference unsatisfactory to the College, are sufficient cause for rejection of this application or termination of employment without notice. I authorize Carroll Community College to make all necessary and appropriate investigations to verify the information contained herein, including contacting my past employers. I agree that all policies and procedures affecting employment at the College shall be made part of any appointment of employment

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Polygraph Certification:

Under Maryland Law, an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector, or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to fine not to exceed \$100.00.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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*Pursuant to 20 United States Code section 1092(f), the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, Carroll Community College's annual security report containing policy statements and crime statistics can be found at [www.carrollcc.edu/securityreport.pdf](http://www.carrollcc.edu/securityreport.pdf). Hard copies of this Report are also available on campus in the Office of Campus Police, Room A137, as well as the College's Information Center. You may also request one by contacting the Office of Campus Police at 410-386-8600.*

*Carroll Community College is an at-will employer. Employment is on an at-will basis and can be terminated at the will of either party. This application is not intended to and does not create a contract or offer of employment.*

*Carroll Community College is committed to creating a diverse, equitable and inclusive environment and to Equal Opportunity Employment.*

*In accordance with the Americans with Disabilities Act, please advise us if you wish to request any accommodation to complete the application/selection process.*

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