



APPLICATION FOR EMPLOYMENT

J.F. DRAKE STATE TECHNICAL COLLEGE

Position Information	Title of position for which you are applying: _____		Date of Application _____
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Personal Information	Last Name		First Name		Middle Initial				
	Address		City		State ZIP				
	<i>Contact Information</i>								
	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)					

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	Supervisor	

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	Supervisor	
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	Supervisor	
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	Supervisor	
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	Supervisor	

Attach additional page if needed.

May we contact your current employer: Yes No

Skills, Certifications, Awards or Professional Activities	
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References	Please list three reliable references, other than relatives, who can provide information verifying qualifications, character, or work experience.		
	Name and Title	Address	Phone Number

Family Relationship(s)	<i>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.</i>
	Are you a relative of any employee of the Alabama College System, including J.F. Drake State Technical College, or any member of the State Board of Education? <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 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

Return to: J.F. Drake State Technical College
 Office of the President
 3421 Meridian Street, North
 Huntsville, Alabama 35811
 (256) 551-3117

Are you a member of the Alabama Community College System Applicant Pool? Yes No

It is the policy of the Alabama Department of Postsecondary Education including all postsecondary institutions under the control of the Alabama State Board of Education, that no person shall, on the grounds of race, color, disability, sex, religion, creed, national origin, or age, 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.)



REQUEST, AUTHORIZATION, CONSENT, & RELEASE FOR BACKGROUND INFORMATION

I have been informed and acknowledged that on December 13, 2007, the State Board of Education adopted Policy 623.01 requiring criminal background checks for all new and current employees.

I understand that I may voluntarily consent to the use of my social security account number for the purpose of conducting a criminal background check. I further understand that my voluntary consent to use my social security account number is being requested for purposes of conducting a criminal background check, pursuant to the authority of the State School Board Policy 623.01. I understand that neither the Department of Postsecondary Education nor any employing authority within the Alabama Community College System will deny me any right, benefit or privilege provided by law because of my refusal to voluntarily consent to the use of my social security account number for the limited purpose of conducting a criminal background check pursuant to Policy 623.01.

_____ I voluntarily consent to the use of my social security account number for the limited purpose of conducting a criminal background check.

_____ I do not consent to the use of my social security account number for the limited purpose of conducting a criminal background check.

The information I have given in my employment application, interviews, and/or related resumes and documents is true, complete, and accurate.

I understand and agree that if employed, and/or during any period of employment, any false statements, misrepresentations of facts, or omission made by myself become known, my employment shall be subject to immediate termination.

I understand that in the event a conviction for a felony or any crime involving moral turpitude is found that the procedures set out in the guidelines for State Board Policy 623.01 will be followed.

I have read and completely understand this release.

Applicant's Signature: _____ Date: _____

Applicant's Name (Please print): _____

_____ - - - - -
Maiden or Other Name(s) Date of Birth Social Security Number

Background check fees (\$45.00) will be charged to successful candidates.

(4/24/08)

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The following information is gathered solely for reporting purposes and will not be used to evaluate the applicant's qualifications, suitability, or desirability for employment.

Name _____
Last First Middle

Date of Birth _____

Ethnic Background (check one):

- Native American
- White, not of Hispanic origin
- Hispanic
- Black, not of Hispanic origin
- Asian/Pacific Islander
- Multi-racial
- Other

Gender (check one):

- Male
- Female

MISCELLANEOUS INFORMATION

Have you ever been employed by the College? Yes No

Position: _____ Employed from _____ to _____

Name(s), relationship, and department of relative(s) presently employed by the College:
