



**A COMPLETE APPLICATION CONSISTS OF PAGES 1 THROUGH 3.  
FOR ADDITIONAL WORK HISTORY USE THE CONTINUATION PAGE LINK**

**BEFORE SUBMITTING THIS APPLICATION, PLEASE CHECK TO SEE THAT YOU HAVE:**

1. USED AN INK PEN OR COMPLETED APPLICATION ELECTRONICALLY.
2. COMPLETED THE SECTION FOR EQUAL OPPORTUNITY INFORMATION.
3. GIVEN COMPLETE INFORMATION ON YOUR EDUCATION AND WORK HISTORY.
4. SIGNED AND DATED YOUR APPLICATION.
5. PROVIDED YOUR E-MAIL ADDRESS.

This information will be kept confidential (FOR PERSONNEL USE ONLY)  
Craven Community College offers Equal Employment and Educational Opportunities to all employees, and prospective employees of the institution, without regard to race, color, religion, national origin, age, disability or sex.

<b>Date of Birth</b>  (mo) (day) (year)	<b>Check One</b>  SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Statement of Selective Service Registration Compliance</b>  A. <input type="checkbox"/> I certify that I am not required to be registered with the Selective Service because (check one):  <input type="checkbox"/> I am female <input type="checkbox"/> I am in the armed services on active duty. (Note: Members of the Reserves and National Guard are not considered on active duty). <input type="checkbox"/> I am under the age of 18. <input type="checkbox"/> I was born before 1960. <input type="checkbox"/> I am a permanent resident of the Trust Territory of the Pacific Islands or the Northern Mariana Islands.  B. <input type="checkbox"/> I certify that I am registered with Selective Service.
<b>Ethnic Group</b> 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)  *Veteran's Preference: Yes <input type="checkbox"/> No <input type="checkbox"/>  * If yes, please submit Form DD214 Certificate		

**Background Investigations**

**It is the policy of Craven Community College to conduct background investigations on any and all applicants for employment and all individuals who have been provisionally offered employment.**

**APPLICATION FOR EMPLOYMENT**  
**Craven Community College**  
**800 College Court**  
**New Bern, North Carolina 28562**

1. Position (s) applied for _____	Date _____
If you are applying for a teaching Position, list subject(s) here _____	
2. Are you applying for Full-time <input type="checkbox"/> OR Part-Time <input type="checkbox"/> employment? If Part-time, Day <input type="checkbox"/> OR Evening <input type="checkbox"/>	
3. Name _____ (Last) (First) (Middle)	
4. Permanent Address _____ (Street Number or R.F.D.)	
(City) (State) (Zip Code)	Business Phone ( ) _____
	Home Phone ( ) _____
5. Have you ever been convicted of an offense against the law other than a minor traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, explain fully on an additional sheet)	
Email Address: _____	How did you hear about Craven Community College? News Paper <input type="checkbox"/> Internet <input type="checkbox"/> Walk-in <input type="checkbox"/> Referral <input type="checkbox"/> Other <input type="checkbox"/>

### EDUCATION RECORD

School	Name and Location					Graduated?	Semester or Qtr. Hours	Maj./Min. Course Work	Type Degree
High School	_____	—	_____	—	_____	Yes <input type="checkbox"/>	_____	_____	_____
						No <input type="checkbox"/>			
College University	_____	—	_____	—	_____	Yes <input type="checkbox"/>	_____	_____	_____
						No <input type="checkbox"/>			
Graduate Professional	_____	—	_____	—	_____	Yes <input type="checkbox"/>	State Certified	Number _____	_____
						No <input type="checkbox"/>			
Apprenticeship, Licensed or Certified	_____	—	_____	—	_____	Yes <input type="checkbox"/>	_____	_____	_____
						No <input type="checkbox"/>			

A copy of a transcript of college credits, where applicable, is required before this form will be processed as an official application. This copy will not be returned. (Faxed copies will satisfy this requirement unless applying for an adjunct faculty position.)

6. Do you now work for the State of North Carolina? Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Are you related by blood or marriage to any person now working for the State of North Carolina? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, give name, relationship to you and the agency where employed.) _____
8. Current professional status: (list fields of work for which you have been registered, licensed or certified)
Registration: _____ State _____ No _____
Registration: _____ State _____ No _____
9. Additional information you feel may be helpful in considering your application. _____

<b>EMPLOYMENT RECORD</b> (Use Continuation Sheet If Necessary) (Please give complete work history)					
Current or Last Employer: _____			Address: _____		
Job Title: _____			Supervisor's Name: Telephone Number: _____		No. Supervised By You: _____
Date Employed (mo/yr) _____	Starting salary \$ _____	Ending or Current Salary \$ _____	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 _____			
Part Time	Years _____	Months _____			
If part time, number of hours worked per week: _____					
Current or Last Employer: _____			Address: _____		
Job Title: _____			Supervisor's Name: Telephone Number: _____		No. Supervised By You: _____
Date Employed (mo/yr) _____	Starting salary \$ _____	Ending or Current Salary \$ _____	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 _____			
Part Time	Years _____	Months _____			
If part time, number of hours worked per week: _____					
Current or Last Employer: _____			Address: _____		
Job Title: _____			Supervisor's Name: Telephone Number: _____		No. Supervised By You: _____
Date Employed (mo/yr) _____	Starting salary \$ _____	Ending or Current Salary \$ _____	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 _____			
Part Time	Years _____	Months _____			
If part time, number of hours worked per week: _____					

REFERENCES		
1. Name: _____	Address: _____	Phone: _____
2. Name: _____	Address: _____	Phone: _____
3. Name: _____	Address: _____	Phone: _____

I certify that all of the statements in this application and my attached documents are true, complete, and correct to the best of my knowledge and are made in good faith. I authorize Craven Community College or their designee to investigate all statements and information provided on this application or attached thereto. I understand that false information may be grounds for rejection of my application and/or dismissal if employed.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Craven Community College is an AA-EO institution. Individuals with disabilities who require a reasonable accommodation to respond to this announcement and or participate in the application process are encouraged to contact the personnel office at (252) 638-7375.