



Application for Faculty/ Staff Employment

Return Application To:
Human Resources Department
Personnel Office
Telephone: (803) 786-3107

Mailing Address:
1301 Columbia College Drive
Columbia, South Carolina 29203
Fax: (803) 786-3646

THIS APPLICATION IS ONLY FOR THE POSITION IDENTIFIED. EACH POSITION OPENING FOR WHICH YOU APPLY REQUIRES A SEPARATE APPLICATION.

Social Security No \_\_\_\_\_ Position Applied For \_\_\_\_\_

Name

Last First Middle
Address

Street Apt. No. City State Zip Code
Home Phone ( ) Business Phone ( ) Extension

Shift(s) available to work [ ] 1st [ ] 2nd [ ] 3rd [ ] Weekend [ ] Rotating [ ] Variable [ ] Any Shift

Schedule(s) available to work [ ] Full-time [ ] Part-time Date available to begin work \_\_\_\_\_

Do you have relatives working/studying at Columbia College? [ ] Yes [ ] No

Have you been previously employed by Columbia College? [ ] Yes [ ] No If yes, when? From \_\_\_\_\_ To \_\_\_\_\_

If you have worked at Columbia College under another name, list name \_\_\_\_\_

Are you legally eligible for employment in the United States? [ ] Yes [ ] No Age if under 18 years of age \_\_\_\_\_

Do you possess a valid driver's license? (Answer only if position requires a driver's license) [ ] Yes [ ] No

Driver's license number and state of issue: \_\_\_\_\_

Table with 4 columns: EDUCATION, NAME AND LOCATION OF SCHOOL, MAJOR, DIPLOMA/DEGREE. Rows include High School, Bus./Tech., College/Univ., and Graduate Sch.

Please list any certifications/licenses held

\_\_\_\_\_

**WORK HISTORY**

Most recent employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_

Starting position \_\_\_\_\_ Date started \_\_\_\_\_ Starting salary \_\_\_\_\_  
Month/Year

Position on leaving \_\_\_\_\_ Date left \_\_\_\_\_ Salary on leaving \_\_\_\_\_  
Month/Year

Description of duties

\_\_\_\_\_

Reason for leaving

\_\_\_\_\_

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Previous employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_

Starting position \_\_\_\_\_ Date started \_\_\_\_\_ Starting salary \_\_\_\_\_  
Month/Year

Position on leaving \_\_\_\_\_ Date left \_\_\_\_\_ Salary on leaving \_\_\_\_\_  
Month/Year

Description of duties

\_\_\_\_\_

Reason for leaving

\_\_\_\_\_

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Previous employer \_\_\_\_\_ Telephone \_\_\_\_\_

Address

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name and title of supervisor \_\_\_\_\_

Starting position \_\_\_\_\_ Date started \_\_\_\_\_ Starting salary \_\_\_\_\_  
Month/Year

Position on leaving \_\_\_\_\_ Date left \_\_\_\_\_ Salary on leaving \_\_\_\_\_  
Month/Year

Description of duties

\_\_\_\_\_

Reason for leaving

\_\_\_\_\_

May we contact your previous employer(s)?  Yes  No

Additional sheets may be added to this application to further explain answers or to share information you feel is needed.

If the position for which you are applying requires computer skills, what computer skills do you have that are relevant to this position?

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**APPLICANT’S CERTIFICATION**

1. The information I have provided on this application is accurate to the best of my knowledge and subject to validation by Columbia College.
2. I understand and agree that any misrepresentation or deliberate omission of fact in my application will lead to an application being deactivated or to disciplinary action of an already-hired employee up to and including termination from Columbia College.
3. I authorize my previous employers, personal references and other persons, businesses, or institutions which appear on this application for employment to provide information upon request by Columbia College.
4. I further understand that if employed, my employment will be terminable at will either by Columbia College or the applicant and that nothing in this application or the Columbia College’s personnel policies or handbook shall be construed to create an express or implied contract between the Columbia College and the applicant or bestow any contractual rights.

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**Signature of Applicant**

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**Date**

Columbia College adheres to and believes in equal opportunity for all applicants without regard to race, color, creed, sex, age, disability, veteran status, or national or ethnic origin.

**All applicants must complete and sign the section below**

**Court Record Release Form and  
Fair Credit Reporting Act (Disclosure and Authorization Statement)**

All applicants applying for positions (exempt and non-exempt) at Columbia College must agree to a screening process, which includes a court record check. An offer of a position at Columbia College does not indicate that this check has been completed. Conviction of a crime does not automatically disqualify an individual from employment at Columbia College. In each case, Columbia College examines the nature of the conviction, time elapsed since the conviction, and the type of job in question. Dependent on all of the circumstances, a decision is made whether to extend a job offer or continue an already hired employee. It is very important that all applicants complete this form fully and accurately; therefore, consider your answers carefully. **Omission of any information will be deemed falsification and will require that an application be deactivated or an already hired employee be terminated.**

**Print legibly all information requested below.**

Full name

\_\_\_\_\_  
Last First Middle/Maiden

Former names or other names used

\_\_\_\_\_  
Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Length of residence at current address: From \_\_\_\_\_ To \_\_\_\_\_

Current Address

\_\_\_\_\_  
Name and street address City State Zip Code

List all former addresses of residence within the past seven years, beginning with the most recent address and working backward. (If additional space is needed, please use additional sheets of paper.)

\_\_\_\_\_  
Number and street address City State Zip Code

\_\_\_\_\_  
Number and street address City State Zip Code

\_\_\_\_\_  
Number and street address City State Zip Code

\_\_\_\_\_  
Number and street address City State Zip Code

Have you ever been convicted of ANY unlawful offense other than a minor traffic violation? (This includes felonies or misdemeanors. An example of a common misdemeanor is . . . "Worthless Check.")  Yes  No If yes, please explain the nature of the crime(s), date and place. If more space is needed, use additional sheet of paper.

\_\_\_\_\_  
\_\_\_\_\_  
I hereby authorize Columbia College to investigate all statements made by me on this form as well as information furnished by me on my employment application. I authorize any and all police and law enforcement agencies, courts, or other agencies as may be contacted to release any records or information which may have bearing upon convictions or judgments relative to me. I hereby release above agencies from any and all liability in conjunction with the release of said records of information.

\_\_\_\_\_  
**Full Signature**

\_\_\_\_\_  
**Date Signed**



## **VOLUNTARY AFFIRMATIVE ACTION INFORMATION**

Columbia College is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, sexual orientation, veteran status or any other legally protected class. As required by law, we must record certain information to be made a part of our Affirmative Action Program. Applicants are invited to participate in the Affirmative Action Program by reporting their status as minority, disabled veteran or other veteran status, or other disabled. In extending this invitation you are advised that: 1) you are under no obligation to respond, but may do so in the future if you choose; 2) responses will remain confidential within the Human Resources Department; and 3) responses will be used only for the necessary information to include in our Affirmative Action Program.

In an effort to help us comply with legal record keeping requirements regarding Affirmative Action, we ask that you complete the information requested below. Please be advised that your completion of this form is NOT part of your official application for employment. It is considered confidential information that will not be used in any hiring decision. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. If you choose to participate in our Affirmative Action Program by completing this form, we thank you for your cooperation.

### **General Applicant Information – Please complete**

Applicant Name:		Date:	
Position Applied for:			

**Applicant Affirmative Action Data – Please complete Gender – Check ONE box:**

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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**Race/National Origin** – Check the box below that corresponds to the category that best identifies your race/ethnicity. ***IMPORTANT:*** If you check the “Two or more races” box, please also check ALL boxes that identify your race/ethnicity. For example: If you identify yourself as Asian and Black, you would check 3 boxes – one for Black, one for Asian and one for Two or more races.

<b>Race/Ethnic Category</b>	<b>Definition of Category</b>
<input type="checkbox"/> Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
<b>NOT Hispanic or Latino</b>	
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
<input type="checkbox"/> Two or more races (NOT Hispanic or Latino)	All persons who identify with more than one of the above five races.
<input type="checkbox"/> Do not wish to identify	All persons not wishing to self-identify race/ethnicity

Please check all boxes below that apply. Identification of veteran status is essential for effective affirmative action data collection and analysis. If you choose to identify your veteran status, the information you provide will be used for statistical purposes only and will not affect your employment in any way.

<b>Veteran Status*</b>	<b>Definition</b>
<input type="checkbox"/> Vietnam Era Veteran	<b>Veteran of the Vietnam Era:</b> A person who (I) served on active duty in the U.S. military, ground, naval, or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; <b>OR;</b> (II) was discharged or released from active duty in the U.S. military, ground, naval, or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964 and May 7, 1975, in any other location.
<input type="checkbox"/> Special Disabled Veteran	<b>Special Disabled Veteran:</b> A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the

	Department of Veterans' Affairs for a disability – a) rated at 30% or more; b) rated at 10 or 20% in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap; or c) a person who was discharged or released from active duty because of service-connected disability.
<input type="checkbox"/> Other Eligible Veteran	<b>Other Protected Eligible Veteran:</b> Veterans who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge, a service medal, or an expeditionary medal has been authorized. To identify campaigns or expeditions that may meet this criteria, you may visit the following website: <a href="http://www.opm.gov/veterans/html/vgmedal12.htm">www.opm.gov/veterans/html/vgmedal12.htm</a> or send an email to <a href="mailto:othervets@vets100.com">othervets@vets100.com</a> to request a copy of the list.
<input type="checkbox"/> Newly Separated Veteran	<b>Newly Separated Veterans:</b> Any veteran who served on active duty in the U.S. military, ground, naval or air service during the past one-year period, beginning on the date of such veteran's discharge or release from active duty.
<input type="checkbox"/> Not Applicable	

\*According to 41 CFR 60-250.42, there are only two circumstances under which an employer may ask applicants who are Special Disabled Veterans to self-identify on a pre-offer basis: 1) The invitation is made when the contractor actually is undertaking affirmative action for special disabled veterans at the pre-offer stage; or 2) the invitation is made pursuant to a Federal, State, or local law requiring affirmative action for special disabled veterans.

**Disability Status\*\*** – Please check the below box if applicable. Self-identification of disability status is essential for effective affirmative action data collection and analysis. If you choose to self-identify your disability status, the information you provide will be used for statistical purposes only and will not affect your employment in any way.

<b>Disability Status**</b>	
<b>Self-Identification</b>	<b>Definition of Disability</b>
<input type="checkbox"/> Individual with Disabilities	A person has a disability if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. A handicap is “substantially limiting” if it is likely to cause difficulty in securing, retaining or advancing in employment.

\*\*According to 41 CFR 60-741.42, there are only two circumstances when an employer may ask a disabled applicant to self-identify on a pre-offer basis: 1) The invitation is made when the contractor actually is undertaking affirmative action for individuals with disabilities at the pre-offer stage; or 2) The invitation is made pursuant to a Federal, State or local law requiring affirmative action for individuals with disabilities.

**To be completed by applicant - Not for interview purposes - to be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or if necessitated by another federal law or regulation.**