Alabama Community College System

Application No.

APPLICATION FOR EMPLOYMENT

Bishop State Community College

Position Information

Title of position for which you are applying:		Date of Application

Personal Information

Last Name	First Name	Middle Initial

Address	City	State	Zip

Contact Information

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)						

Additional Information

Are you currently employed or have been employed within the last twelve months at an Alabama Community College System college?

❒ Yes ❒ No

If yes, list the name of the college(s) and dates: _____

Employment History

Please list most recent employment experience first.

Employer	Telephone Number	Job Duties
Address	Dates of Employment	
Title ❒ Full-time ❒ Part-time	Hr. Rate/Salary *(optional)*	
Reason for Leaving		

Employment History (Continued)			
	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title ❒ Full-time ❒ Part-time	Hr. Rate/Salary *(optional)*	
	Reason for Leaving		

Employment History (Continued)			
	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title ❒ Full-time ❒ Part-time	Hr. Rate/Salary *(optional)*	
	Reason for Leaving		

Employment History (Continued)			
	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title ❒ Full-time ❒ Part-time	Hr. Rate/Salary *(optional)*	
	Reason for Leaving		

Employment History (Continued)			
	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title ❒ Full-time ❒ Part-time	Hr. Rate/Salary *(optional)*	
	Reason for Leaving		

May we contact your current employer? ❒ Yes ❒ No

Skills, Awards, Certificates or Professional Activities	

Note: Please provide details of each. May use a separate sheet if necessary.

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

Family Relationship	
	For the purposes of disclosure, relative includes any person related within the fourth degree of affinity or consanguinity to any job, position, or office of profit with state or with any of its agencies. Are you a relative of any employee in the Alabama Community College system, including (Bishop State Community College), or any member of the Alabama Community College System Board of Trustees? ❒ Yes ❒ 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? ❒ Yes ❒ 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 understand that any offer of employment is contingent upon a satisfactory criminal background investigation and I hereby authorize my employing authority within the Alabama Community College System and/or its assigns to conduct a criminal background history investigation. I understand that in the event a conviction for a felony or any crime involving moral turpitude is found that the procedures established for the Board of Trustees policy concerning criminal background checks will be followed. I further understand that I will be responsible for the cost of said criminal background check.** 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 _____

Visit the ACCS website at www.accs.edu and click 'Job Postings' to sign up for email alerts.

Bishop State Community College
Attention Human Resources
351 N. Broad Street
Mobile, AL 36603
(251) 405-7052

(Institution Name) is an equal opportunity employer. It is the policy of the Alabama Community College System, including all postsecondary community and technical colleges under the control of the Alabama Community College System Board of Trustees, that no employee or applicant for employment or promotion, shall be discriminated against on the basis of any impermissible criterion or characteristics including, without limitation, race, color, national origin, religion, martial status, disability, sex, age or any other protected class as defined by federal and state law. (Institution Name) will make reasonable accommodations for qualified disabled applicants or employees.

REQUEST, AUTHORIZATION, CONSENT, AND RELEASE
FOR BACKGROUND INFORMATION

I have been informed and acknowledged that on April 13, 2016 the Alabama Community College System Board of Trustees adopted Policy 623.01 requiring criminal background checks for all new and current employees.

By signing this authorization, I hereby authorize the Alabama Community College System or its designee, to conduct criminal reference searches for felony and misdemeanor convictions at the statewide and national levels of every jurisdiction where I currently reside or where I have previously resided during the past seven years; national sex offender registry searches and a search of my driving record.

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 Alabama Community College System Board of Trustees policy regarding criminal background checks. I understand that neither the Alabama Community College System 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 the Alabama Community College System Board of Trustees policy regarding criminal background checks.

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

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

_____I consent to the use of my driver's license number to be used for the limited purpose of conducting a review of my driving history.

_____ I do not consent to the use of my driver's license number for the limited purpose of conducting a review of my driving history.

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 established for the Board of Trustees policy concerning criminal background checks will be followed.

I have read and completely understand this release.

Applicant's Signature: _____ Date: _____

Applicant's Name (Please print): _____

Applicant's Address: _____

Applicant's Birthday: _____

Applicant's Driver's License Number: _____

Applicant's Driver's License State: _____

Revised March 2019