



**BISHOP STATE COMMUNITY COLLEGE
EMPLOYEE PERSONNEL DATA FORM**

SSN: _____

Name: _____

DOB: ____/____/____

Street Address: _____ Apartment/Unit #: _____

City: _____ State: _____ Zip: _____ Sex: _____

Phone No: (____) _____ E-mail Address: _____

Ethnicity/Race (check all that apply): Are you Hispanic/Latino? Yes No

American Indian/Alaska Native Asian Black/African-American White Native Hawaiian/Pacific Islander

Emergency Notification:

Notify: _____ Phone:(____) _____ Relationship: _____

Highest Degree Received (choose from listing below): _____

- | | |
|---|---|
| AA Associate in Arts | EDS Education Specialist Degree |
| AAS Associate in Applied Science | HS Graduated High School or received GED |
| AAT Associate in Applied Technology | LLD Law Degree |
| AO Other Associate Degree | M30 Master's Degree Plan 30 hours |
| AS Associate in Science | M60 Masters Plus 60 hours |
| BA Bachelor of Arts | MA Masters in Art |
| BO Baccalaureate Degree | MO Other Master's Degree |
| BS Bachelor of Science | MS Master in Science |
| CC Certificate of 12-18 month program | OD Doctorate Other |
| CT Certificate less than 12 months | OP Other Professional Degree beyond Master and below Doctorate |
| DPL Diploma or certificate for 18 months | PHD Doctorate Other |
| EDD Education Doctorate | ZZZ Below High School |

Yes No

Are you currently contributing to the Teachers' Retirement System of Alabama?		
If yes, How many years have you been contributing to the Teachers' Retirement System of Alabama?		
If no, Have you in the past contributed to the Teachers' Retirement System of Alabama?		
Are you a <u>Retiree</u> of the Teachers' Retirement System of Alabama?		
If yes to any of the above questions, have you withdrawn from your account?		
Were you an active member of the Teachers' Retirement System of Alabama on or before January 1, 2013?		
Are you currently working part-time or full-time at another institution in the two-year Alabama College System?		
Are you currently contributing to the Employee's Retirement System of Alabama?		

FOR PERSONNEL USE ONLY:			
Employee Number: _____	Date of Hire: _____	TRS TIER 1: _____	TRS TIER 2: _____
Supervisor: _____	Leave Class: _____		

**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: _____

BISHOP STATE COMMUNITY COLLEGE

FAMILY RELATIONSHIP DISCLOSURE FORM

This form must be completed and returned to the Human Resources Office.

Employee's Name: _____ SSN: _____

Job Title/Position: _____

Employment Date: _____ Full-Time _____ Part-Time _____

Salary Schedule _____ Rank _____ Step _____ Annual Salary _____

For purposes of this disclosure, relative includes the following: spouse, dependent, adult child and his or her spouse, parent, spouse's parents, sibling and his or her spouse.

Are you a relative of any employee of the Alabama College System, including Bishop State Community College, or any member of the State Board of Education?

Yes _____ No _____

If yes, list the name(s), relationship, and employer/position of relative(s)

I affirm that all information contained herein is correct to the best of my knowledge.

Signed: _____

Employee

Date

**BISHOP STATE COMMUNITY COLLEGE
DRUG-FREE WORKPLACE POLICY**

This certifies that I have read the following Drug-Free Workplace Policy:

In compliance with the drug-free workplace requirements of public law 100-690 for recipients of Federal contracts and grants, the following policy is in effect for Bishop State Community College.

1. The unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited by Bishop State Community College on any property owned, leased, or controlled by Bishop State Community College or during any activity conducted, sponsored, or authorized by or on behalf of Bishop State Community College.

A "controlled substance" shall include any substance defined as a controlled substance in Section 102 of the Federal Controlled Substance Act (21 U.S. Code 802) or in the Alabama uniform Controlled Substance Act (Code of Alabama, Section 20-2-1, et. seq.).

2. Bishop State Community College has and shall maintain a drug-free awareness program to inform employees about the following:
 - a. The dangers of drug abuse in the workplace;
 - b. Bishop State Community College's policy of maintaining a drug-free workplace.
 - c. Any available drug counseling, rehabilitation, and employee assistance program; and
 - d. The penalties that may be imposed upon employees for drug abuse violations.
3. All employees of Bishop State Community College shall comply with paragraph 1 above.
4. Any employee who is convicted by any Federal or State Court of an offense which constitutes a violation of paragraph 1 above shall notify President Perry Ward in writing of said conviction within five (5) days after the conviction occurs. Conviction, as defined in P.L. 100-690, shall mean "a finding of guilt (including a plea of nolo contendere) or imposition of a sentence, or both."
5. In the event of a report of a conviction pursuant to paragraph 4 above where the employee is working in a project or a program funded through a Federal contract or grant, Bishop State Community College shall notify in writing within ten (10) days any Federal agency to whom such notification by Bishop State Community College is required under P.L. 100-690.
6. In the event an employee violates paragraph 1 above or receives a conviction as described in paragraph 4 above, the respective employee shall be subject to appropriate disciplinary action which may include, but is not limited to, termination of employment. Bishop State Community College shall also reserve the right to require said employee, as a condition of continued employment, to satisfactorily complete a drug treatment or rehabilitation program of a reasonable duration and nature.
7. Bishop State Community College shall make a good faith effort to ensure that paragraphs 1-6 above are followed.
8. Each employee of Bishop State Community College shall receive a copy of this policy.

My signature below affirms that I have read and understand this Drug-Free Workplace Policy.

Employee's Signature

Date



POLICY 603: HARRASSMENT

Employees shall adhere to the highest ethical standards and professionalism and refrain from any form of harassment. Both employees and students shall strive to promote an environment that fosters personal integrity where the worth and dignity of each human being is respected. Any practice or behavior that constitutes harassment shall not be tolerated.

Harassment can be defined as but is not limited to:

- Disturbing conduct which is repetitive;
- Threatening conduct;
- Intimidating conduct;
- Inappropriate or offensive slurs, jokes, language, or other verbal, graphic, or other like conduct;
- Unwelcome sexual advances or requests for sexual favors;
- Assault;
- Repeated contact solicited during non-traditional business hours which may be perceived as harassment by recipient unless it is specifically associated with work related duties.

Employees and students who are found in violation of this policy shall be disciplined as deemed appropriate by the investigating authority.

HARRASSMENT POLICY ACKNOWLEDGEMENT

I, _____, the undersigned, hereby acknowledge receipt of the College's Harassment Policy as set forth in the Board of Trustees policies and procedures governing the Alabama Community College System. I also understand that violation of this policy may result in disciplinary action up to and including dismissal.

Employee's Signature

Date



BISHOP STATE

I have received directions on how to access the Bishop State Faculty-Staff Employee Handbook online. I understand that it is my responsibility to read and comply with the policies and procedures contained in this handbook and any revisions made to it.

Employee's Signature

Employee's Name (Print)

Date



BISHOP STATE

**Will you be able to perform the essential job functions
with or without reasonable accommodations?**

_____ **Yes** _____ **No**

Signature (Sign)

Date

Printed Signature