



EMPLOYMENT APPLICATION

POSITION APPLYING FOR: _____ APPLICATION DATE: _____

PERSONAL

LAST NAME	FIRST NAME	MI	PRIOR NAME(S), IF APPLICABLE	
MAILING ADDRESS			CITY	STATE
ZIP				
WORK PHONE	HOME PHONE	CELL PHONE	EMAIL ADDRESS	

EDUCATION (List ALL schools attended)

SCHOOLS	GRADUATE	SCHOOL NAME & LOCATION	DATES ATTENDED	SEMESTER/ QUARTER HRS	MAJOR/ MINOR	DEGREE
High School	Yes ☐					
GED ☐	No ☐					
Junior/ Community College(s)	Yes ☐					
	No ☐					
College(s)/ University(s)	Yes ☐					
	No ☐					
Graduate/ Professional	Yes ☐					
	No ☐					
Vocational/ Technical School(s)	Yes ☐					
	No ☐					

LICENSURE, REGISTRATION, CERTIFICATION (if position requires):			SKILLS: List any specialized knowledge, skills, or abilities you possess relevant to the position you seek:
License, Registration and/or Certification Number	Date Received	Expiration Date	

EMPLOYMENT HISTORY

List all employment starting with the present or most recent employer. Account for all periods, including unemployment, armed forces service and relevant voluntary and/or part-time work experience. Explain any gaps in employment. If needed, attach additional sheet(s) using the same format as on the application. **Resumes are acceptable for the description of duties and responsibilities only.**

Name of Present or Last Employer: _____

Address: _____

Job Title: _____

From: _____ / _____ / _____
MO. DAY YR.

Hours Per Week: _____

To: _____ / _____ / _____
MO. DAY YR.

Full-Time: ☐ Part-Time: ☐

Supervisor's Name: _____ Title: _____ Phone Number: _____

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

Name of Previous Employer: _____

Address: _____

Job Title: _____

From: _____ / _____ / _____
MO. DAY YR.

Hours Per Week: _____

To: _____ / _____ / _____
MO. DAY YR.

Full-Time: ☐ Part-Time: ☐

Supervisor's Name: _____ Title: _____ Phone Number: _____

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

Name of Previous Employer: _____

Address: _____

Job Title: _____

From: _____ / _____ / _____
MO. DAY YR.

Hours Per Week: _____

To: _____ / _____ / _____
MO. DAY YR.

Full-Time: ☐ Part-Time: ☐

Supervisor's Name: _____ Title: _____ Phone Number: _____

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

Name of Present or Last Employer:

Address: _____

Job Title: _____

From: _____ / _____ / _____
MO. DAY YR.

Hours Per Week: _____

To: _____ / _____ / _____
MO. DAY YR.

Full-Time: ☐ Part-Time: ☐

Supervisor's Name: _____ Title: _____ Phone Number: _____

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

Name of Previous Employer: _____

Address: _____

Job Title: _____

From: _____ / _____ / _____
MO. DAY YR.

Hours Per Week: _____

To: _____ / _____ / _____
MO. DAY YR.

Full-Time: ☐ Part-Time: ☐

Supervisor's Name: _____ Title: _____ Phone Number: _____

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

Name of Previous Employer: _____

Address: _____

Job Title: _____

From: _____ / _____ / _____
MO. DAY YR.

Hours Per Week: _____

To: _____ / _____ / _____
MO. DAY YR.

Full-Time: ☐ Part-Time: ☐

Supervisor's Name: _____ Title: _____ Phone Number: _____

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

OTHER INFORMATION

(A YES answer will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.)

May we contact your present employer?	YES	☐	NO	☐
Have you ever been discharged or forced to resign from a previous position?	YES	☐	NO	☐
If YES, please explain: _____				
Have you ever been found in violation of the Florida Code of Ethics or any other ethical standards?	YES	☐	NO	☐
If YES, please explain: _____				
Are you currently on probation or parole or have any charges pending?	YES	☐	NO	☐
If YES, please explain: _____				
Where? _____				
Have you ever been convicted of a felony or a first degree misdemeanor?	YES	☐	NO	☐
If YES, what charges? _____				
Where convicted? _____ Date of Conviction: _____				
Have you ever pled Nolo Contendere or pled Guilty to a crime which is a felony or first degree misdemeanor?	YES	☐	NO	☐
If YES, what charges? _____				
Where pled? _____ Date of Plea: _____				
Have you ever had the Adjudication of Guilt Withheld for a crime which is a felony or first degree misdemeanor?	YES	☐	NO	☐
If YES, what charges? _____				
Where adjudicated? _____ Date of Adjudication: _____				
Have you ever been employed by Chipola College?	YES	☐	NO	☐
If YES, what department? _____				
To your knowledge, do you have any relatives employed at Chipola College?	YES	☐	NO	☐
If YES, please list their name(s) and relation to you? _____				

EXEMPTION FROM PUBLIC RECORDS DISCLOSURE

Are you a current or former law enforcement officer, other employee** or the spouse or child of one, who is exempt from public records disclosure under Chapter 119.07, F.S.? YES ☐ NO ☐

(**Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Family Services.)

CITIZENSHIP

Are you a U.S. citizen or are you legally authorized to work in the U.S.? YES ☐ NO ☐

(Chipola College hires only U.S. citizens and lawfully authorized alien workers. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.)

REFERENCES List 3 references (non-relatives) with current addresses and telephone numbers. Include persons who know your background, employment and/or educational preparation. Include name, title and organization for each.

NAME, TITLE AND ORGANIZATION		MAILING ADDRESS, CITY, STATE, ZIP	TELEPHONE NUMBER
1.			
2.			
3.			

Chipola College does not discriminate against any persons, employees, students, applicants or others affiliated with the college with regard to race, color, religion, ethnicity, national origin, age, veteran's status, disability, sex, genetic information, marital status, pregnancy or any other protected class under applicable federal and state laws, in any college program, activity or employment.

Inquires may be directed to Wendy Pippen, Associate Vice President of Human Resources and Civil Rights Compliance/Title IX Coordinator Officer, 3094 Indian Circle, Building A, Room 183, Marianna, FL 32446, 850-718-2269, pippenw@chipola.edu

CERTIFICATION

I understand that this application will be given every consideration, but is not a promise of employment.

I understand that any information I give may be investigated as allowed by law and any applications submitted to Chipola College for employment are public records except as exempted above.

I agree to abide by all rules and policies established by the District Board of Trustees of Chipola College.

I hereby state that all of the information that I provide on this application, on my personal resume, transcripts, or other application materials, and in any interview is true, accurate and complete. I understand that if I am employed and any such information is later found to have been omitted, falsified, misstated or misrepresented in any respect, I may be disqualified for employment consideration, and if I am hired, may be grounds for termination at a later date.

SIGNATURE

DATE

YOUR NAME: _____

POSITION APPLYING FOR: _____

VETERANS' PREFERENCE (complete only if claiming Veterans' Preference)

For the purposes of appointments, retention, reinstatement and reemployment, Veterans' Preference ensures that veterans and eligible spouses of veterans are given consideration at each step of the selection process. However, preference does not guarantee that a veteran or the eligible spouse of a veteran will be the candidate selected to fill the position. Completion of the Veterans Preference section below is made on a voluntary basis. Listed below are the seven Veterans' Preference categories.

1. A disabled veteran who has served on active duty in any branch of the U.S. Armed Forces, has received an honorable discharge, and has established the present existence of a service-connected disability that is compensable under public laws administered by the U.S. Department of Veterans Affairs; or who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the U.S. Department of Veterans Affairs and U.S. Department of Defense.
2. The spouse of a person who has a total disability, permanent in nature, resulting from a service-connected disability and who, because of this disability, cannot qualify for employment, and the spouse of a person missing in action, captured in line of duty by a hostile force, or forcibly detained or interned in line of duty by a foreign government or power.
3. A wartime veteran as defined in s. 1.01(14), who has served at least one day during a wartime period. Active duty for training may not be allowed for eligibility under this paragraph.
4. The unremarried widow or widower of a veteran who died of a service-connected disability.
5. The mother, father, legal guardian, or unremarried widow or widower of a member of the U.S. Armed Forces who died in the line of duty under combat-related conditions, as verified by the U.S. Department of Defense.
6. A veteran as defined in s. 1.01(14), F.S. Active duty for training may not be allowed for eligibility under this paragraph.
7. A current member of any reserve component of the U.S. Armed Forces or the Florida National Guard.

The receipt of a campaign or expeditionary medal is not required, only service during an eligible wartime period. Eligible wartime periods are defined in s. 1.01 (14), F.S.

VETERANS' PREFERENCE CLAIM	Applicants who wish to claim Veterans' Preference must supply appropriate supporting documentation at the time of application . Additional information is available through the Florida Department of Veterans' Affairs, Benefits & Assistance at " www.floridavets.org/benefits ".			
Are you claiming Veterans' Preference?				
YES		☐	NO	☐
If yes, which category? (indicate number from list above)				
Are you a resident of the State of Florida?				
YES		☐	NO	☐

NOTE: Under Florida law, preference in appointment shall be given to those persons included in 1 and 2 above and second to those persons included in 3, 4, and 5 above. If an applicant claiming Veterans' Preference for a vacant position is not selected for the vacant position, he/she may file a complaint with the Florida Department of Veterans' Affairs, 11351 Ulmerton Road, Suite 311-K, Largo, FL 33778-1630. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer if no notice is given.

SIGNATURE

DATE

CHIPOLA COLLEGE

Background Inquiry

For purposes of due diligence in employment, applicants applying for positions with Chipola College will be required to give authorized employees of Chipola College permission to obtain a personal background inquiry. This inquiry may include, but not limited to employment records, education records, military service records, criminal records, driving records and credit checks.

I consent, by my signature below, to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to human resources staff and other authorized employees of Chipola College for employment purposes. This consent shall remain in effect during my employment if I am hired.

SIGNATURE

DATE

Please provide the following information in order for us to complete the background inquiry.

FULL LEGAL NAME:	
ALIAS (Maiden name or Nickname):	
SOCIAL SECURITY NUMBER:	

PHYSICAL STREET ADDRESS:	
CITY / STATE / ZIP	
COUNTY OF RESIDENCE:	

RACE:		HISPANIC OR LATINO:	YES	____	NO	____
SEX:		DATE OF BIRTH:				

CHIPOLA COLLEGE

Notification of Social Security Number Collection and Usage

Social security numbers collected and held by Chipola College are disclosed only per FL. Statute 119.071(5) (a) 6. In compliance with FL Statute 119.071(5) (a) 2 this document serves to notify you of the purpose for the collection and usage of your Social Security number.

Your social security number is used only for legitimate business purposes in performance of College duties and responsibilities. The purpose and the applicable forms are listed below and are in compliance with the stated Federal or State law(s) and or College Policy and Internal Management Memorandum (IMM) documents:

- **Federal I-9 Form.** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603(8) USC 1324a. This is needed if the social security card is used as an identifying document from list C.
- **Federal W4, W2, 1099** (Internal Revenue Service) Internal Revenue Code requires information provided under sections 3402(f) (2) (A) and 6109. Also Section 6051 regulations which requires employers to furnish wage and tax statements to employees and to the Social Security Administration.
- **Federal Social Security Taxes (FICA):** Governed under Title 26 of the United States Code.
- **Unemployment Reports** (FL Dept of Revenue). Unemployment is governed by Florida Statute 443
- **Florida Retirement Contribution Reports** (FL Dept of Revenue). The Florida Retirement System is governed by Florida Statutes, Chapter 121
- **Workers Comp Claims and Department of Labor Requirements.** Governed by Florida Statute 440
- **403b and 457b Contribution Reports:** Social security numbers are collected to properly identify and establish accounts for you with vendors you select for retirement savings plans. This is a business necessity to establish the account(s). 403b is governed by US Tax Code 501(c) (3). 457b is governed by Internal Revenue Code 457b.
- **Group Health, Life, Dental and Vision Coverage:** Enrollment and various supplemental insurance premium deduction forms. Social security numbers are used to establish medical benefits and other health related coverage with our medical provider. This is a business necessity to establish benefits for employees and family members if selected to insure with our medical provider. College policy 6Hx4-4.400, Payroll Reductions and College Policy 6Hx4-4.390, Employee Insurance govern the requirement for the College to provide this insurance.
- **Background and Drug/Alcohol Screening;** Social security numbers are necessary to properly identify persons for background screening by the Florida Department of Law Enforcement and FBI. Drug Screening Labs collect specimens for screening and use social security numbers to properly identify persons being tested and tracking chain of custody control. Background screening is authorized under Chipola Administrative Procedure (CAP) 4.2, Background Checks for Employees and drug screening is authorized under CAP 4.9, Drug and Alcohol testing for Positions Requiring a Commercial Driver's License (CDL) and 41 U.S.C. 701. Both are functions approved by the Board of Trustees.
- **Tax Reporting.** The Internal Revenue Code requires the information provided under sections 3402(f) (2) (A) and 6109 and their regulations. Also Section 6051 and its regulations to furnish wage and tax statements to employees and to the Social Security Administration.

Payroll administration requires social security numbers for initial identification of the employee for pay accounting. CAP 4.1, Hiring Procedures and CAP 4.3, Request for Personnel Action governs the requirement for business purposes.

To protect your identity Chipola College secures your social security number from unauthorized access and does not release your social security number to unauthorized parties as governed by College Policy 6Hx4-4.170, Access to College Records and College Policy 1.080, Source of Official Information, Forms and Records.

Collection and usage of your social security number is a condition of employment at Chipola College per CAP 4.1, Hiring Procedures and CAP 4.2, Background Checks.

I understand the above information and have been given a copy of this document.

PRINT NAME

SIGNATURE

DATE