



# 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	<input type="checkbox"/>					
GED <input type="checkbox"/>	No	<input type="checkbox"/>					
Junior/ Community College(s)	Yes	<input type="checkbox"/>					
	No	<input type="checkbox"/>					
College(s)/ University(s)	Yes	<input type="checkbox"/>					
	No	<input type="checkbox"/>					
Graduate/ Professional	Yes	<input type="checkbox"/>					
	No	<input type="checkbox"/>					
Vocational/ Technical School(s)	Yes	<input type="checkbox"/>					
	No	<input type="checkbox"/>					

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, gender, 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 Pippin, Associate Vice President of Human Resources and Equity Officer, 3094 Indian Circle, Building A, Room 183, Marianna, FL 32446, 850-718-2269, [pippinw@chipola.edu](mailto:pippinw@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 five Veterans' Preference categories.

1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense, or
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured, or forcibly detained or interned in the line of duty by a foreign power, or
3. A veteran of any war who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, or
4. The un-remarried widow or widower of a veteran who died of a service-connected disability, or
5. A veteran who has served in a qualifying campaign or expedition for which a campaign badge or expeditionary medal has been authorized; including an Armed Forces Expeditionary Medal or Global War on Terrorism Expeditionary Medal.

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.

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

**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.

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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	___
GENDER:		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.*

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PRINT NAME

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SIGNATURE

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DATE