

BETHUNE-COOKMAN COLLEGE



Sustaining a legacy of faith, scholarship and service

Position Desired: _____

Full-time Part-time Date: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period of time, regardless of the schedule of my wages. I further understand that I have the right to terminate my employment at anytime with or without notice, and the College has the same right. No one other than the President of the College has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing and signed by the President of the College.

I understand that the College reserves the right to require a drug test anytime and also reserves the right to require an alcohol test and/or medical examination to the extent permitted by law. I authorize the College to investigate my driving record, my criminal record, my credit history, and education history, and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted.

The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except the President of the College) has the authority to enter in any agreement with me or to make any agreement contrary to the foregoing.

I further understand that the College may contact my previous employers and I authorize those employers to disclose to the College all records and other information pertinent to my employment with them. I also authorize the College to provide truthful information concerning my employment to my future prospective employers and I agree to hold it harmless for providing such information.

This application will remain **active for thirty (30) days**. Any applicant wishing to be considered for employment beyond thirty (30) days should reapply.

I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false, incomplete or misleading in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

Date

Signature of Applicant

Notice to Applicants: This employer complies with the Americans with Disabilities Act of 1990. During the interview process, you may be asked questions concerning your ability to perform job-related functions. If you are given a conditional offer of employment, you may be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. If required; all entering employees in the same job category will be subject to the same medical questionnaire and/or examination and all information will be kept confidential and in separate files.

This employer is an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion,

national origin, handicap or marital status. We assure you opportunity for employment with this Employer depends solely upon your qualifications.

Application for Employment (Valid for only 30 days)

Please answer all questions. Resumes are not accepted in lieu of completion of this application. This application is designed to be used for several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER
CURRENT MAILING ADDRESS	CITY, STATE	ZIP	TELEPHONE NUMBER (INCLUDE AREA CODE)
PREVIOUS ADDRESS	CITY, STATE	ZIP	EMAIL (IF APPLICABLE)
POSITION(S) APPLYING FOR:			

How long have you been a resident in the State of Florida? _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? (If yes, give dates of employment) _____ Yes No

Are you currently employed? Yes No

May we contact your present and/or previous Employers? Yes No
Please identify any exceptions and reasons for not contacting your employers:

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? Proof of citizenship or immigration status will be required upon employment. Yes No

On what date would you be available to for work? _____

Are you available to work: Full-time Part-time Night Shift Temporary

Will you work overtime if asked? Yes No

Are there any hours, shifts, or days that you will not work? Yes No
If yes, explain: _____

Have you ever pled guilty or "no-contest" to a crime or been convicted of a crime? Yes No
If yes, please explain: _____

Answering "Yes" to this question does not constitute an automatic bar to employment. Only those crimes, which are substantially related to the position you are seeking, will be considered.

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used? Yes No

If yes, identify names and relevant dates: _____

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An Equal Opportunity Employer

Office of Human Resources Management
 640 Dr. Mary McLeod Bethune Blvd
 Daytona Beach, Florida 32114

Account for all time periods including unemployment, and military service. List most recent job first and attach separate paper(s) if necessary.

Employer	Dates Employed		Work Performed
	From	To	
Address	Hourly/Salary		
	Starting	Final	
Job Title		Supervisor	
Reason for Leaving			

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Have you ever been dismissed or asked to resign from any employment?

Yes No

If yes, please explain: _____

Are you currently on "Lay-Off" status and subject to recall?

Yes No

Military

Are you a veteran of the U.S. Military Service?

Yes No

If yes, what branch of Service? _____

Beginning date and ending date of active duty: From _____ To _____

Rank _____

Date of discharge from the Military Service _____

Education

School Name and Location	Elementary	High School	Undergraduate	Graduate/Professional
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4 5 6	1 2 3 4 5 6
Diploma/Degree				
Describe a specialized training, apprenticeship, skills and extracurricular activities				
Describe any honors you have received				

References

Give name, address and telephone number of three (3) references who are not related to you and are not previous employers.

- _____
- _____
- _____

Do you have any friends or relatives who work at B-CC?

Yes No

If yes, list below and state their relationship to you.

- _____ Relationship: _____
- _____ Relationship: _____
- _____ Relationship: _____

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment and/or other experiences:

List professional, trade, business, or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.
