



Office of Human Resources and Affirmative Action
 2046 North Parkway Jackson, Tennessee 38301
 731.424.3520 • Fax 731.425.9553
 www.jscc.edu

EMPLOYMENT APPLICATION – please answer all questions in print or type

Submitted for position of _____ Date _____

Personal Information

Preferred Salutation Mr. Ms. Dr.

Name _____ Social Security No. _____ - _____ - _____
 Last First Middle

Address _____
 Street City State Zip County Length of Residence

Permanent Address (if other than above) _____
 Street City State/Country Zip

Primary Ph (_____) _____ Alternate Ph (_____) _____ E-Mail Address _____

Are you a citizen of the United States? Yes No

If no, do you hold a current visa entitling you to work here? Yes No

Have you ever been convicted of a misdemeanor or felony crime? A “yes” response will not automatically disqualify an applicant from employment consideration. Each application will be evaluated based on the nature of the crime, when it occurred, and the duties and responsibilities of the position for which you are being considered.

Yes No If yes, please describe the date, nature, and circumstances of the crime. _____

Because TCA 40-39-211 prohibits sex offenders required to register under TCA Title 40, Chapter 39, Part 2 from knowingly accepting employment within one thousand feet (1,000') of the property line of any public school, private or parochial school, licensed day care center, other child care facility, public park, playground recreation center or public athletic field available for use by the general public, registered sex offenders are not eligible for employment at many TBR institutions.

Are you required to register as a sex offender under TCA Title 40, Chapter 39, Part 2? Yes No

Do you have relatives currently employed at this Institution? This information is required to comply with the Institution’s nepotism policy.

Yes No If yes, list name(s), relationship, and department. _____

Education – Please list all undergraduate and graduate institutions

Institution Name and Location	Major/Degree	Date Awarded or Years Completed

Employment History – Please list most recent employer first. Do not respond with “see resume”.

Have you ever been employed with Jackson State Community College or any other TBR institution?

Yes No If yes, list the job title(s) and date. _____

Under what other names have you worked or attended? _____

My current employer MAY MAY NOT be contacted.

Current Employer’s Name _____

Address _____
Street City State Zip Code

Title of your position _____ Full-time Part-time Temporary Seasonal

Dates of Employment (mo./yr.) From _____ To _____ Salary (Starting) \$ _____ per _____ (Final) \$ _____ per _____

Supervisor’s name and position _____ Phone No (_____) _____

Brief description of your work and responsibilities _____

Why did you leave/Why are you looking to leave? _____

-Employment experience continued on following page-

Previous Employer's Name _____

Address _____
Street City State Zip Code

Title of your position _____ Full-time Part-time Temporary Seasonal

Dates of Employment (mo./yr.) From _____ To _____ Salary (Starting) \$ _____ per _____ (Final) \$ _____ per _____

Supervisor's name and position _____ Phone No (_____) _____

Brief description of your work and responsibilities _____

Why did you leave/Why are you looking to leave? _____

Previous Employer's Name _____

Address _____
Street City State Zip Code

Title of your position _____ Full-time Part-time Temporary Seasonal

Dates of Employment (mo./yr.) From _____ To _____ Salary (Starting) \$ _____ per _____ (Final) \$ _____ per _____

Supervisor's name and position _____ Phone No (_____) _____

Brief description of your work and responsibilities _____

Why did you leave/Why are you looking to leave? _____

Teaching Experience

Inclusive Dates		Name and Location of School (City and State)	Subject and Grade	Title or Type of Appointment	Full or Part Time
From	To				

Professional References – Include 3 people

Full Name	Position	Address	Phone	Best Time to Contact

Checklist

Applications must include a resume, cover letter, JSCC application and official transcripts from any institution listed on the application. Please insert a checkmark for each document submitted.

- Cover Letter
- Resume
- Application
- Transcript from Institutions
 - Already on file with Jackson State, Human Resources
 - Ordered
 - Will Order

Additional applications can be found at <http://www.jsc.edu/administration/human-resources/employment-applications.html>

**APPLICANT'S AUTHORIZATION FOR REFERENCE CHECK, CERTIFICATION AND AGREEMENT
(PLEASE READ CAREFULLY)**

I authorize Jackson State Community College to verify the statements on my employment application and/or resume and any other information I have provided, to make inquiries regarding my employment, education, and criminal or driving record, and to obtain any and all information it deems necessary in order to evaluate my application for employment. I authorize any employer, school, and other individual or entity that has knowledge of me or my records to release such information to and communicate freely with Jackson State Community College. In consideration for Jackson State Community College's review of my application for employment, I hereby release any individual, entity, and Jackson State Community College from all claims or liabilities that might arise from the inquiry into or disclosure of such information, including claims under any federal, state or local civil rights law and any claims for defamation or invasion of privacy. I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal.

Signature (*unsigned application will not be considered)

Date

Equal Employment Opportunity Commission
- Statistical Information Form -

POSITION DESIRED _____

As a government contractor, the Tennessee Board of Regents is subject to Executive Order 11246, as amended; Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974; and Section 503 of the Rehabilitation Act of 1973. ALL of these require government contractors to take Affirmative Action in the employment process.

We request your voluntary completion of the following questionnaire to be used ONLY for the purpose of monitoring the success of our Affirmative Action Plan. This information will not be used to discriminate against or show preference for any application in the hiring decision. Your immediate attention is requested.

Name: _____ Gender: Female Male

Birth Date: _____

Citizenship: United States: _____ Other: _____

How did you learn about this position? _____

1. Do you consider yourself to be Hispanic, Latino or of Spanish Origin?*

- Yes
 No

*The term "Hispanic or Latino or Spanish Origin" is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. In addition, select *one or more* of the following racial categories to describe yourself:

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Alaska Native | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |

Racial Category Definitions

- White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa
- Black or African American - A person having origins in any of the Black racial groups of Africa
- Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment
- Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

Signature

Date

Fair Credit Reporting Act
- Disclosure and Authorization Form -

Jackson State Community College may request, or has decided to request, a consumer report to be obtained from a consumer reporting agency to assist it in making a decision pertaining to your application for employment, reclassification, transfer or retention as an employee at Jackson State Community College.

You are considered a “consumer” under the Fair Credit Reporting Act and have certain rights there under. A “consumer reporting agency” is a person or business that, for monetary fees, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports. A “consumer report” is any written, oral or other communication of any information by a consumer reporting agency concerning a consumer’s characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment purposes.

The information requested may include, but not be limited to: verification of identification and/or Social Security number; checks of criminal history, if any; and verification of employment, education, and credentials or licenses held by you. Your credit history will not be requested or received by Jackson State Community College. Any information contained in such reports may be taken into consideration in evaluating your suitability for employment, promotion, reclassification, transfer, or retention as an employee.

By your signature below, you indicate that you authorize and consent to the release of consumer reports to Jackson State Community College to be used in connection with your application for employment, promotion, reclassification, transfer or retention at Jackson State Community College. If you fail or refuse to execute this document, no further consideration will be given to your application for employment, promotion, reassignment or retention as an employee.

Signature

Date

Consumer Reporting / Background Check

- Disclosure and Authorization Form -

I, the undersigned consumer, do hereby authorize **Jackson State Community College**, by and through its independent contractor, **KROLL BACKGROUND AMERICA, INC. (“KBA”)**, to procure a consumer report and/or investigative consumer report on me. I understand that this authorization and release shall be valid for subsequent consumer and/or investigative consumer reports during my period of employment with **Jackson State Community College** for the purpose of investigating any incidents of workplace misconduct or criminal activity for which I am alleged to have been involved during my employment.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, and personal characteristics, discerned through employment and education verifications; personal references; personal interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and former addresses; criminal and civil history/records; any other public record.

I further authorize any person, business entity or governmental agency who may have information relevant to the above to disclose the same to **Jackson State Community College**, by and through **KBA**, including, but not limited to any and all courts, public agencies, law enforcement agencies and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **KBA**, if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

Signature

Date

Identifying information For Consumer Reporting Agency

Name _____ Primary Ph (____) _____
Last First Middle

Other Names Used (alias, maiden, nickname) _____ Years Used _____

Social Security No. _____ - _____ - _____ Date of Birth _____ - _____ - _____ Gender: Male Female

Driver's License Number _____ State of Issuance _____

Please list most recent address first and include former address within the past 10 years.

Current Address _____
Street /P.O.Box City State Zip County Date of Residence

Former Address 1 _____
Street /P.O.Box City State Zip County Date of Residence

Former Address 2 _____
Street /P.O.Box City State Zip County Date of Residence

Former Address 3 _____
Street /P.O.Box City State Zip County Date of Residence

Former Address 4 _____
Street /P.O.Box City State Zip County Date of Residence

Former Address 5 _____
Street /P.O.Box City State Zip County Date of Residence

Former Address 6 _____
Street /P.O.Box City State Zip County Date of Residence

Former Address 7 _____
Street /P.O.Box City State Zip County Date of Residence