



Jackson State

COMMUNITY COLLEGE

A Tennessee Board of Regents Institution

Office of Human Resources - 2046 North Parkway - Jackson, TN 38301-3797
(731) 425-2621 - 1-800-355-JSCC - Fax (731) 425-9553

EMPLOYMENT APPLICATION

ANSWER ALL QUESTIONS (please print or type)

Submitted for position of

In the Department of Date

PERSONAL DATA

Preferred Salutation Mr. Ms. Dr.

Name Social Security No.
Last First Middle

Local Address
Street City State Zip County Length of Residence

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

Home Ph Cell Ph Alternate Ph Day Time 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 felony or a misdemeanor? Yes No If yes, please explain or discuss this question with an Employment Specialist before you answer.

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, please list name(s), relationship, and department.

Under what other names have you worked?

EDUCATION (Please list all undergraduate and graduate institutions)

COLLEGE & LOCATION	MAJOR	DATE OF DEGREE	DEGREE	FOR OFFICE USE ONLY
				TRANSCRIPT RECEIVED

(*If applying for a teaching position, a Masters Degree with at least 18 hrs in the discipline is required. The exceptions to this include CIS, Developmental Programs and some Allied Health positions)

EMPLOYMENT HISTORY

Experience: Start with present or most recent employer. Please complete all sections and do not respond "see resume" on any part of application. ***My present employer MAY MAY NOT be contacted*******

Employer's Name	<input type="text"/>	Dates of Employment (mo./yr.)	Full-time Temporary	Part-time Seasonal	<input type="checkbox"/>
Address	<input type="text"/> <input type="text"/>	From	<input type="text"/>	To	<input type="text"/>
Starting Salary \$	<input type="text"/>	Per	<input type="text"/>	Final Salary \$	<input type="text"/>
				Per	<input type="text"/>
Title of your position	<input type="text"/>				
Supervisor's name and position	<input type="text"/>			Phone No	<input type="text"/>
Brief description of your work and responsibilities	<input type="text"/> <input type="text"/>				
Why did you leave/Why are you looking to leave?	<input type="text"/> <input type="text"/>				

Experience Continued:

Employer's Name	<input type="text"/>	Dates of Employment (mo./yr.)	Full-time Temporary	Part-time Seasonal	<input type="checkbox"/>		
Address	<input type="text"/> <input type="text"/>	From	<input type="text"/>	To	<input type="text"/>		
Starting Salary	\$ <input type="text"/>	Per	<input type="text"/>	Final Salary	\$ <input type="text"/>	Per	<input type="text"/>
Title of your position	<input type="text"/>						
Supervisor's name and position	<input type="text"/>			Phone No	<input type="text"/>		
Brief description of your work and responsibilities	<input type="text"/> <input type="text"/>						
Why did you leave?	<input type="text"/> <input type="text"/>						

Experience Continued:

Employer's Name	<input type="text"/>	Dates of Employment (mo./yr.)	Full-time Temporary	Part-time Seasonal	<input type="checkbox"/>		
Address	<input type="text"/> <input type="text"/>	From	<input type="text"/>	To	<input type="text"/>		
Starting Salary	\$ <input type="text"/>	Per	<input type="text"/>	Final Salary	\$ <input type="text"/>	Per	<input type="text"/>
Title of your position	<input type="text"/>						
Supervisor's name and position	<input type="text"/>			Phone No	<input type="text"/>		
Brief description of your work and responsibilities	<input type="text"/> <input type="text"/>						
Why did you leave?	<input type="text"/> <input type="text"/>						

Additional teaching experience?

INCLUSIVE DATES		NAME OF SCHOOL & LOCATION (CITY & STATE)	SUBJECT & GRADE LEVEL	TITLE OR TYPE OF APPOINTMENT	FULL OR PART TIME
FROM	TO				

REFERENCES (List three people you wish to give as professional references and indicate when references may be contacted.)

FULL NAME	POSITION	ADDRESS	PHONE	BEST TIME TO CONTACT

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

Date

(*unsigned application will not be considered)

APPLICATION CHECKLIST

Applications must include a resume, cover letter, JSCC application and official transcripts. Please insert a checkmark for each document submitted.

Resume

Cover letter

Application

Transcripts

(For best results, please have the institution(s) mail transcripts to the attention of Human Resources)

Note: To obtain an application, visit our website at:

<http://www.jsc.edu/administration/human-resources/employment-applications.html>.

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 _____

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

Printed Name
First Middle Last

Other Names Used (alias, maiden, nickname)

YEARS USED

Local Address
Street/P.O. Box City State Zip County Dates

Former Address
Street/P.O. Box City State Zip County Dates

Social Security Number	<input type="text"/>	Daytime Telephone Number	<input type="text"/>
Driver's License Number	<input type="text"/>	State of Issuance	<input type="text"/>
Date of Birth	<input type="text"/>	Gender	<input type="text"/>

IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY CONTINUED

Former addresses within the past 10 years if outside your current county of residence not listed on previous page:

1.
Street/P.O. Box City State Zip Code County Dates

2.
Street/P.O. Box City State Zip Code County Dates

3.
Street/P.O. Box City State Zip Code County Dates

4.
Street/P.O. Box City State Zip Code County Dates

5.
Street/P.O. Box City State Zip Code County Dates

