



**EDUCATION** – To be considered for a position requiring a College degree, applicants must provide copies of transcripts. Degrees obtained from a foreign college or university must be evaluated, at applicant's expense, by an evaluation agency recognized by the U.S. Department of Education. For a listing of accredited agencies refer to [www.naces.org](http://www.naces.org).

GRADUATE SCHOOL MASTER AND/OR DOCTORATE DEGREE(S)	LOCATION	PROGRAM OF STUDY	DEGREE RECEIVED
			YES <input type="checkbox"/> No <input type="checkbox"/>
			YES <input type="checkbox"/> No <input type="checkbox"/>
			YES <input type="checkbox"/> No <input type="checkbox"/>

**NOTE:** IF YOU ARE APPLYING FOR A TEACHING POSITION WHICH REQUIRES A MASTERS DEGREE, LIST THE DISCIPLINE(S) IN WHICH YOUR COLLEGE COURSES, AT THE GRADUATE LEVEL, TOTAL 18 OR MORE SEMESTER HOURS.

1. _____ DISCIPLINE	_____	SEMESTER HOURS
2. _____ DISCIPLINE	_____	SEMESTER HOURS

COLLEGE/UNIVERSITY ASSOCIATE AND/OR BACHELOR DEGREE(S)	LOCATION	PROGRAM OF STUDY	DEGREE RECEIVED
			YES <input type="checkbox"/> No <input type="checkbox"/>
			YES <input type="checkbox"/> No <input type="checkbox"/>
			YES <input type="checkbox"/> No <input type="checkbox"/>
			YES <input type="checkbox"/> No <input type="checkbox"/>

HIGH SCHOOL	LOCATION	DEGREE RECEIVED
		YES <input type="checkbox"/> No <input type="checkbox"/>

SPECIAL CERTIFICATION	SOURCE	HOURS	YEAR

OTHER SPECIAL TRAINING OR SKILLS (SPECIAL LICENSURE, JOURNEYMAN EXPERIENCE, COMPUTER/SOFTWARE)

\_\_\_\_\_

\_\_\_\_\_

MEMBERSHIP(S) IN PROFESSIONAL ORGANIZATIONS

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT RECORD** (Begin with present or last position; reproduce page as needed for additional positions)

1. Employer Name \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address (City & State) \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_  
Name and Title of Supervisor \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Full-time employment from \_\_\_\_\_ to \_\_\_\_\_ Part-time employment from \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year) (Month/Year) (Month/Year)  
Describe Your Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we inquire of this employer about your character and qualifications? Yes  No

2. Employer Name \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address (City/State) \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_  
Name and Title of Supervisor \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Full-time employment from \_\_\_\_\_ to \_\_\_\_\_ Part-time employment from \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year) (Month/Year) (Month/Year)  
Describe Your Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we inquire of this employer about your character and qualifications? Yes  No

3. Employer Name \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Address (City/State) \_\_\_\_\_ Monthly Salary \$ \_\_\_\_\_  
Name and Title of Supervisor \_\_\_\_\_  
Your Job Title \_\_\_\_\_  
Full-time employment from \_\_\_\_\_ to \_\_\_\_\_ Part-time employment from \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year) (Month/Year) (Month/Year)  
Describe Your Duties \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving \_\_\_\_\_  
May we inquire of this employer about your character and qualifications? Yes  No

**PLEASE EXPLAIN ANY GAPS IN YOUR EMPLOYMENT HISTORY.** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TO BE COMPLETED BY EVERY APPLICANT**

**STATEMENT OF MILITARY REGISTRATION STATUS**

- I certify that I am registered with Selective Service.
- I certify that I am not required to be registered with Selective Service because:
  - I am a female.
  - I am in the armed services on active duty (Note: does not apply to members of the Reserves or National Guard who are not on active duty).
  - I am under the age of 18.
  - I was born before 1960.
  - I am a citizen of the Federated States of Micronesia, or the Marshall Islands, or a permanent resident of the Trust Territory of the Pacific Islands (Palau).
  - I am a nonimmigrant alien.
  - Other. Please specify: \_\_\_\_\_

**Applicants found ineligible shall have 30 days after notice to prove compliance.**

\_\_\_\_\_  
Branch of Service

\_\_\_\_\_  
Beginning Date of Active Duty

\_\_\_\_\_  
Rank at Discharge

\_\_\_\_\_  
Date of Final Discharge

Describe your duties and any special training:  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S ACKNOWLEDGMENT**

I understand that any employment offered to me by the college, unless reflected in a written contract signed by an authorized college official, is employment-at-will. This means the employment relationship may be severed at any time, for any reason, with or without cause, by either party if it is deemed to be in his/her/its best interest. **Background checks may be required as a condition of employment for selected positions. Official transcripts may be required as a condition of employment for selected positions.**

I acknowledge that this application will be considered active until the position for which I am applying has been filled. At that time, this application will expire. If I want to be considered for employment after the expiration of this application, I understand that I must complete a new application form.

I hereby certify that all answers and statements in this application are true. I am aware that should investigation disclose misrepresentation or falsification, I may be dismissed and disqualified for further state employment. **Prospective employees will receive consideration without discrimination because of race, color, gender, age, national origin, religion, political affiliation or disability.**

\_\_\_\_\_  
Applicant's Signature (Unsigned application will not be processed)

\_\_\_\_\_  
Date

Please return completed application and transcript to:

Human Resources Office  
Fayetteville Technical Community College  
P.O. Box 35236/2201 Hull Road  
Fayetteville, North Carolina 28303-0236

Phone: (910) 678-8378  
Job Line: (910) 678-8480  
Fax: (910) 678-0029  
Website: [www.faytechcc.edu](http://www.faytechcc.edu)

**AN EQUAL OPPORTUNITY EMPLOYER**

**Fayetteville Technical Community College**  
**P.O. Box 35236**  
**2201 Hull Road**  
**Fayetteville, North Carolina 28303-0236**



**AFFIRMATIVE ACTION INFORMATION**

*NOTICE:* The following information is required for statistical and record keeping purposes and will not be used in evaluating your application. This information will not be forwarded to the department where employment determinations are made.

Application date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (M.I.) (Maiden)

Male  Female  Race \_\_\_\_\_ Birthdate \_\_\_\_\_  
Month Day Year

Position applying for \_\_\_\_\_ Full-time  Part-time

How did you learn about this vacancy?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Fayetteville Observer   | <input type="checkbox"/> FTCC Website        | <input type="checkbox"/> FTCC Jobline                   |
| <input type="checkbox"/> Raleigh News & Observer | <input type="checkbox"/> CareerBuilder.com   | <input type="checkbox"/> Employment Security Commission |
| <input type="checkbox"/> Greater Diversity News  | <input type="checkbox"/> HigherEdJobs.com    | <input type="checkbox"/> Friend                         |
| <input type="checkbox"/> Paraglide               | <input type="checkbox"/> MatchForce.org      | <input type="checkbox"/> Other _____                    |
| <input type="checkbox"/> Carolina Flyer          | <input type="checkbox"/> GroupWise E-mail    |   |
| <input type="checkbox"/> Other Newspaper _____   | <input type="checkbox"/> Other Website _____ |   |

**ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED**

**(E-MAIL APPLICATIONS WILL NOT BE ACCEPTED)**