

# APPLICATION FOR EMPLOYMENT



**PITT COMMUNITY COLLEGE**  
**HUMAN RESOURCES DEPARTMENT**  
P.O. DRAWER 7007, GREENVILLE, NC 27835-7007  
TELEPHONE: (252)493-7289 FAX: (252)321-4392  
COURIER NUMBER 01-45-28  
**Equal Opportunity Employer / Committed to Diversity**  
<http://www.pittcc.edu>

Check the area for which you are applying:

Administrative

Instructional

Clerical/Secretarial/Support

Other

Type of employment desired:

Full-time only

Part-time only

Full-time or part-time

Give title of desired position:

\_\_\_\_\_

\_\_\_\_\_

Hours available:

Day only

Evening only

No preference

1. A. Print Name \_\_\_\_\_  
(Last) (First) (Middle)

B. List any additional information relative to change of name or nickname to enable a verification of your employment and educational record. \_\_\_\_\_

C. Are you related by blood or marriage to any person currently employed by Pitt Community College?  Yes  No (If yes, give name, relationship to you, and title of position: \_\_\_\_\_)

2. Mailing Address: \_\_\_\_\_  
(St. & No. or RFD) (City) (State) (Zip Code)

Email Address: \_\_\_\_\_

3. Telephone: Home \_\_\_\_\_ Business \_\_\_\_\_  
(Area Code) (Area Code)

If none, where can you be reached by telephone? \_\_\_\_\_

4. How did you hear about this position? \_\_\_\_\_

5. Military Service:

A. Are you a veteran?  Yes  No

B. Date of entry into active service \_\_\_\_\_

C. Date of separation from active service \_\_\_\_\_

Name: \_\_\_\_\_

6. If hired, can you verify authorization to work in the United States? ( ) Yes ( ) No

**Education Record**

7.

Type Of School	Name and Location	Attended		Circle # Years Completed	Credit Hours	Did You Graduate	Degree or Diploma & Year Rec'd
		From Mo. Yr.	To Mo. Yr.				
High School				8 9 10 11 12	XXX		
College or University				1 2 3 4			
Undergraduate				1 2 3 4			
Graduate or Professional							
Internship, Apprenticeship, etc.				Number of Months			

	Major Subject Areas	Average Grade	Minor Subject Areas	Average Grade
Under Graduate				
Graduate				

List courses taken dealing with Adult Education.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

TITLE OF THESIS \_\_\_\_\_

TITLE OF DISSERTATION \_\_\_\_\_

8. Check the following skills and experiences which you possess that are applicable to the job for which you are applying:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Data Entry/computers | <input type="checkbox"/> Foreign language (specify) _____ | <input type="checkbox"/> Legal transcription   |
| <input type="checkbox"/> Sign Language        | <input type="checkbox"/> Adding machine/calculator _____  | <input type="checkbox"/> Medical transcription |
| <input type="checkbox"/> Braille skills       | <input type="checkbox"/> Typing (specify WPM) _____       | <input type="checkbox"/> Transcribing skills   |
| <input type="checkbox"/> Bookkeeping          | <input type="checkbox"/> Shorthand/speedwriting WPM _____ | <input type="checkbox"/> Other                 |

Microcomputer software

- Word Processing (list) \_\_\_\_\_
- Database systems (list) \_\_\_\_\_
- Spreadsheets (list) \_\_\_\_\_
- Other (list) \_\_\_\_\_

9. List fields of work for which you are licensed, registered, or certified, giving dates and sources of issuance: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

### Employment Record

10. Title of present or last position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Name of employer \_\_\_\_\_ Mailing Address \_\_\_\_\_  
Name and title of supervisor \_\_\_\_\_ No. of employees supervised by you \_\_\_\_\_

Date Employed _____ Mo. Yr. _____			Duties _____ _____ _____ _____ _____
Date Separated _____			
Full-time	Years _____	Months _____	
Part-time	Years _____	Months _____	
If part-time, number of hours worked per week _____			
Reason for leaving _____			
May we contact for reference? ( ) Yes ( ) No Phone ( ) _____			

Title of present or last position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Name of employer \_\_\_\_\_ Mailing Address \_\_\_\_\_  
Name and title of supervisor \_\_\_\_\_ No. of employees supervised by you \_\_\_\_\_

Date Employed _____ Mo. Yr. _____			Duties _____ _____ _____ _____ _____
Date Separated _____			
Full-time	Years _____	Months _____	
Part-time	Years _____	Months _____	
If part-time, number of hours worked per week _____			
Reason for leaving _____			
May we contact for reference? ( ) Yes ( ) No Phone ( ) _____			

Title of present or last position \_\_\_\_\_ Starting Salary \_\_\_\_\_ Last Salary \_\_\_\_\_  
Name of employer \_\_\_\_\_ Mailing Address \_\_\_\_\_  
Name and title of supervisor \_\_\_\_\_ No. of employees supervised by you \_\_\_\_\_

Date Employed _____ Mo. Yr. _____			Duties _____ _____ _____ _____ _____
Date Separated _____			
Full-time	Years _____	Months _____	
Part-time	Years _____	Months _____	
If part-time, number of hours worked per week _____			
Reason for leaving _____			
May we contact for reference? ( ) Yes ( ) No Phone ( ) _____			

11. List the name and address of references who are in a position and willing to certify to your character, ability, experience, and qualifications.

- (A) \_\_\_\_\_  
Name Complete Mailing Address Phone
- (B) \_\_\_\_\_  
Name Complete Mailing Address Phone
- (C) \_\_\_\_\_  
Name Complete Mailing Address Phone



Name: \_\_\_\_\_

### Employment Record - Continuation Sheet

Title of present or last position _____			Starting Salary _____	Last Salary _____
Name of employer _____			Mailing Address _____	
Name and title of supervisor _____			No. of employees supervised by you _____	
Date Employed _____			Duties _____	
Date Separated _____			_____	
Full-time	Years	Months	_____	
Part-time	Years	Months	_____	
If part-time, number of hours worked per week _____			Reason for leaving _____	
			May we contact for reference? ( ) Yes ( ) No Phone ( ) _____	

Title of present or last position _____			Starting Salary _____	Last Salary _____
Name of employer _____			Mailing Address _____	
Name and title of supervisor _____			No. of employees supervised by you _____	
Date Employed _____			Duties _____	
Date Separated _____			_____	
Full-time	Years	Months	_____	
Part-time	Years	Months	_____	
If part-time, number of hours worked per week _____			Reason for leaving _____	
			May we contact for reference? ( ) Yes ( ) No Phone ( ) _____	

Title of present or last position _____			Starting Salary _____	Last Salary _____
Name of employer _____			Mailing Address _____	
Name and title of supervisor _____			No. of employees supervised by you _____	
Date Employed _____			Duties _____	
Date Separated _____			_____	
Full-time	Years	Months	_____	
Part-time	Years	Months	_____	
If part-time, number of hours worked per week _____			Reason for leaving _____	
			May we contact for reference? ( ) Yes ( ) No Phone ( ) _____	

Title of present or last position _____			Starting Salary _____	Last Salary _____
Name of employer _____			Mailing Address _____	
Name and title of supervisor _____			No. of employees supervised by you _____	
Date Employed _____			Duties _____	
Date Separated _____			_____	
Full-time	Years	Months	_____	
Part-time	Years	Months	_____	
If part-time, number of hours worked per week _____			Reason for leaving _____	
			May we contact for reference? ( ) Yes ( ) No Phone ( ) _____	

**PERSONAL INFORMATION CARD**

This information is being requested for statistical purposes only. It will not be used in the application process and will not be placed with your application.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_