



Return to: Office of Human Resources  
**College of Charleston**

66 George Street  
Charleston, South Carolina 29424-0001

**Application for Non-Academic Employment**

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

Job#: \_\_\_\_\_

Job Title: \_\_\_\_\_

A resumé of your employment will not be accepted in lieu of application.  
Instructions: Complete items in black or blue ink or type.

Name \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

City State Zip Code Work Phone # \_\_\_\_\_  
May we contact you at work? Yes \_\_\_ No \_\_\_

Indicate which type of position(s) you will accept: Permanent \_\_\_ Temporary \_\_\_ Full-time \_\_\_ Part-time \_\_\_

Is there a minimum salary you will accept? \_\_\_ No \_\_\_ Yes If yes, \_\_\_\_\_ per \_\_\_\_\_

Education: Circle highest year completed: → High School 1 2 3 4 5 6 7 8 9 10 11 12  
→ College 1 2 3 4 5 6 7 8 9 10

**Complete the following:**

Name of School City State Graduate Degrees/Certificates Major  
High, Trade, College Yes/No

Are you currently enrolled in school? \_\_\_\_\_ Name of Institution \_\_\_\_\_

Dates of Enrollment \_\_\_\_\_ Major \_\_\_\_\_ Hours Completed \_\_\_\_\_

Do you have any relatives employed at the College of Charleston? \_\_\_\_\_ If yes, please name:

Name Relationship

Name Relationship

Name Relationship

Have you any objections to the College of Charleston making inquiry of your present employer regarding your work habits and qualifications? Y  N

What date could you begin work? \_\_\_\_\_

Are you presently employed by the State of South Carolina? Y  N  Which agency? \_\_\_\_\_

Have you ever been employed by the College of Charleston? Y  N  If yes, when: \_\_\_\_\_

Will being hired at the College of Charleston result in your being employed by more than one State Agency? Y  N  If yes, which agency/University department? \_\_\_\_\_

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**READ CAREFULLY BEFORE COMPLETING THE FOLLOWING**

If offered employment at the College of Charleston, all persons, including U.S. citizens, will be required to present original documents verifying identity and employment eligibility. This is in compliance with the Federal Immigration Reform and Control Act of 1986.

**WORK EXPERIENCE:** Begin with your present or last job and describe in detail ALL periods of employment including self-employment. Include military service and part-time employment. Account for your time during any intervals of unemployment other than those when you were attending school.

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1. Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_  
FROM: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ TO: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Hours per week: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Supervisor's Name/Title: \_\_\_\_\_ Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

2. Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_  
FROM: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ TO: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Hours per week: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Supervisor's Name/Title: \_\_\_\_\_ Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

3. Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_  
FROM: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ TO: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Hours per week: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Supervisor's Name/Title: \_\_\_\_\_ Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

4. Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_  
FROM: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ TO: Mo. \_\_\_\_\_ Yr. \_\_\_\_\_ Hours per week: \_\_\_\_\_ Last Salary: \_\_\_\_\_  
Supervisor's Name/Title: \_\_\_\_\_ Specific Duties: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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**Additional Employment Information**  
**(Reminder: List ALL periods of employment)**

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5. Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_  
FROM: Mo. \_\_\_\_ Yr. \_\_\_\_ TO: Mo. \_\_\_\_ Yr. \_\_\_\_ Hours per week: \_\_\_\_ Last Salary: \_\_\_\_  
Supervisor's Name/Title: \_\_\_\_\_ Specific Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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6. Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_  
FROM: Mo. \_\_\_\_ Yr. \_\_\_\_ TO: Mo. \_\_\_\_ Yr. \_\_\_\_ Hours per week: \_\_\_\_ Last Salary: \_\_\_\_  
Supervisor's Name/Title: \_\_\_\_\_ Specific Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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7. Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_  
FROM: Mo. \_\_\_\_ Yr. \_\_\_\_ TO: Mo. \_\_\_\_ Yr. \_\_\_\_ Hours per week: \_\_\_\_ Last Salary: \_\_\_\_  
Supervisor's Name/Title: \_\_\_\_\_ Specific Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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8. Name of Employer: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ Your Job Title: \_\_\_\_\_  
FROM: Mo. \_\_\_\_ Yr. \_\_\_\_ TO: Mo. \_\_\_\_ Yr. \_\_\_\_ Hours per week: \_\_\_\_ Last Salary: \_\_\_\_  
Supervisor's Name/Title: \_\_\_\_\_ Specific Duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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(Ask for an addendum if additional space is needed.)

Have you ever been discharged or forced to resign for misconduct or unsatisfactory service from any job?

Y  N

Have you ever been convicted of a crime other than minor traffic violations? Y  N

A "yes" answer to this question will not necessarily bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying will be taken into consideration. If yes, please complete the following:

Charge	Where Convicted	Date	Disposition or Current Status
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Do you possess a valid S.C. Driver's license? Y  N  Number: \_\_\_\_\_

If offered a position at the College of Charleston which requires that you operate a College vehicle, you will be required to furnish a statement of your current driving record. This statement can be obtained from the State highway department. You will not be allowed to start work until you provide a statement of a satisfactory driving record from the Department of Transportation.

Are you a United States citizen? Y  N

If no, are you authorized to work in the United States? Y  N

List below the type of machines or equipment you have operated.

PC  Calculator  Dictaphone  Typing Speed \_\_\_\_\_

Equipment type/Software:  Data Entry: \_\_\_\_\_

Word Processor: \_\_\_\_\_

Spreadsheet: \_\_\_\_\_

Other Computer Software or Languages \_\_\_\_\_

Trades Related Equipment \_\_\_\_\_

Other education, skills or training \_\_\_\_\_

### AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

### CERTIFICATE OF APPLICANT - Read Carefully Before Signing.

I affirm, agree and/or understand that all statements on this form are true and accurate: **any misrepresentation or omission of facts may result in my being disqualified or my being discharged should I already be employed by the College of Charleston**; my background may be investigated, including a fingerprint check; I may be required to successfully pass a medical examination as a condition of employment; if I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work; copies of this form may be furnished to other State agencies, departments and institutions. I consent to the release of information concerning my past and present work, education, military service and police record by employers, schools, law enforcement agencies and other individuals and agencies to duly authorized investigators, personnel specialists and other authorized employees of the College of Charleston for the purpose of assessing suitability for employment.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

South Carolina state law prohibits employment by any state agency of any person who has willfully defaulted on any of the student loans listed below. Such person may be considered for employment only after all overdue payments have been made or a voluntary agreement has been entered into with the lender after the default providing for terms of repayment of the debt. **Please circle any of the following types of loans in which you are now in default or check the statement that you are not in default.** National Direct Student Loan, National Defense Student Loan, Guaranteed Federally Insured Student Loan, Nursing Student Loan, Health Professions Student Loan, Law Enforcement Student Loan. If in default, attach a separate sheet explaining what steps you are now taking to repay the loan.

I certify that I am not in default on any of the types of student loans listed above.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



## APPLICATION SUPPLEMENTAL SHEET

Please Note:

Only those candidates who are selected for interview will be contacted by the College of Charleston Office of Human Resources. Further information is available by calling 953-1455.

### EEO Data Reporting:

The federal government requires the following information to be collected for statistical reporting as a part of the College's Affirmative Action Program. All responses are voluntary. Refusal to answer will not result in adverse treatment of any applicant. **This form will be removed from your application materials by the Office of Human Resources prior to being forwarded for consideration.**

Today's Date: \_\_\_\_\_ Job No. Applied for: \_\_\_\_\_

Position Title Applied for: \_\_\_\_\_ Department: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Race:  Black/African American  Asian American  American Indian/Alaskan Native  
 White  Pacific Islander/  Non-Hispanic + one/more others  
 Hispanic/Latino  Native Hawaiian  Hispanic/Latino + one/more others

Sex:  Male  Female Date of Birth: \_\_\_\_\_ Marital Status  Single  Married

Do you have any disabling conditions for which you desire reasonable accommodations?  
 Yes  No If yes, please specify: \_\_\_\_\_

Veteran: Vietnam Era Veteran (Check appropriate box)  
(More than 180 days of active military service, any of which was between 8/5/64 and 5/7/75.)  
 Yes  No

Date of last separation: \_\_\_\_\_

Disabled Veteran  
(Disability of 30 percent or more administered by the VA; or discharged or released for disability)  
 Yes  No

How did you become aware of this position vacancy? \_\_\_\_\_

To be notified of the result of the recruitment, place your address on the front of this card, fill in the job number and return with your application.

I applied for: JA: \_\_\_\_\_

- This position has been filled.
- Recruitment canceled.
- Recruitment has been re-opened.

You must re-apply/you do not need to reapply.

Thank you for your interest in employment at the College of Charleston.

Employment Specialist

Office of Human Resources  
College of Charleston  
66 George Street  
Charleston, SC 29424

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