



In compliance with FL Statute 119.071(5) \*\*, this document serves to notify you of the purpose for the collection and usage of your Social Security number.

Gulf Coast State College collects and uses your social security number only for the following purposes in performance of the College's duties and responsibilities. To protect your identity Gulf Coast State College will secure your SS# from unauthorized access, never release your SS# to unauthorized parties, and assign you a unique employee/student identification number at the time of employment. This unique ID number is used for all associated employment and educational purposes at GCSC.

#### Human Resources Department

Your SS number is used for legitimate business purposes in compliance with

- Completing and processing the Federal I-9 (Department of Homeland Security)
- Completing and processing Federal W4, W2, 1099 (Internal Revenue Service)
- Completing and processing Federal Social Security taxes (FICA)
- Processing and Distributing Federal W2 (Internal Revenue Service)
- Completing and processing quarterly Unemployment Reports (FL Dept of Revenue)
- Completing and processing Florida Retirement Contribution reports (FL Dept of Revenue)
- Workers Comp Claims (FCCRMC and Department of Labor)
- Completing and processing Direct Deposit Files (Bank of America, ACH)
- Completing and processing 401(a), 403(b) and 457 contribution reports
- Completing and processing group health, life and dental coverage enrollment
- Completing and processing various supplemental insurance deduction reports

#### Admissions Department

Federal legislation relating to the Hope Tax Credit requires that all postsecondary institutions report student SSN's to the Internal Revenue Service. This IRS requirement makes it necessary for community colleges to collect the SSN of every student. A student may refuse to disclose his or her SSN to the college, but the IRS is then authorized to fine the student in the amount of \$50.00.

In addition to the federal reporting requirements, the public school system in Florida uses SSN's as a student identifier (section 229.559, Florida Statutes-new school code section 1008.386). In a seamless K-20 system, it is beneficial for postsecondary institutions to have access to the same information for purposes of tracking and assisting students in the smooth transition from one education level to the next. All SSN's are protected by federal regulations Family Educational Rights and Privacy Act (FERPA) and are NEVER released to unauthorized parties.

Providing your Social Security number is a condition of employment at GCSC.

(\*\*)

- **Federal I-9 Form.** The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603(8 USC 1324a. This is needed if the social security card is used as an identifying document from list C.
- **Federal W4, W2, 1099** (Internal Revenue Service) Internal Revenue Code requires information provided under sections 3402(f) (2) (A) and 6109. Also Section 6051 regulations which requires employers to furnish wage and tax statements to employees and to the Social Security Administration.
- **Federal Social Security Taxes (FICA):** Governed under Title 26 of the United States Code.
- **Unemployment Reports** (FL Dept of Revenue). Unemployment is governed by Florida Statute 443
- **Florida Retirement Contribution Reports** (FL Dept of Revenue). The Florida Retirement System is governed by Florida Statutes, Chapter 121
- **Workers Comp Claims and Department of Labor Requirements.** Governed by Florida Statute 440
- **403b and 457b Contribution Reports:** Social security numbers are collected to properly identify and set up accounts with vendors you select to identify and set up tax retirement savings plans. This is a business necessity to set up the account(s). 403b is governed by US Tax Code 501(c) (3). 457b is governed by Internal Revenue Code 457b.
- **Group Health, Life and Dental Coverage:** Enrollment and various supplemental insurance deduction forms. Social security numbers are used to set up medical benefits and other health related coverage with our medical provider. This is a business necessity to set up benefits for employees and family members if selected to insure with our medical provider. Board Rule 6Hx7-3.45, Insurance Programs and APM 03-0905, Health, Dental and Vision Insurance govern the requirement for the College to provide this insurance.
- **Background and Drug Screening;** Social security numbers are necessary to properly identify persons for background screening by the Florida Department of Law Enforcement and FBI. Drug Screening Labs collect specimens for screening and use social security numbers to properly identify persons being tested and tracking chain of custody control. Drug screening is authorized under Board rule 6Hx7-2.22, Drug Free College Environment and APM 02-1800, Drug Free Work Environment and 41 U.S.C. 701. Both are functions approved by the Board of Trustees.
- **Tax Reporting.** The Internal Revenue Code requires the information provided under sections 3402(f) (2) (A) and 6109 and their regulations. Also Section 6051 and its regulations to furnish wage and tax statements to employees and to the Social Security Administration

# APPLICATION FOR EMPLOYMENT



5230 West Highway 98  
Panama City, FL 32401-1041

CHECK ONE:  Faculty  Administrative  Support Staff  Career Service

DATE OF APPLICATION: \_\_\_\_\_

**All sections of this application must be completed.**  
***Incomplete applications will not be considered. Please type or complete in ink.***  
Resumes or vita may be attached, but not in lieu of completing this application.

|               |      |       |                     |
|---------------|------|-------|---------------------|
| NAME (Print): | Last | First | Middle (not maiden) |
|---------------|------|-------|---------------------|

|          |        |      |       |     |
|----------|--------|------|-------|-----|
| ADDRESS: | Street | City | State | Zip |
|----------|--------|------|-------|-----|

|      |        |            |      |      |      |
|------|--------|------------|------|------|------|
| SSN: | Email: | Telephone: | Home | Work | Cell |
|------|--------|------------|------|------|------|

|                    |      |              |           |
|--------------------|------|--------------|-----------|
| Emergency contact: | Name | Relationship | Telephone |
|--------------------|------|--------------|-----------|

List any other names under which records of your education or work experience may be recorded:

|      |       |                     |
|------|-------|---------------------|
| Last | First | Middle (not maiden) |
|------|-------|---------------------|

NAME(S) (Print): \_\_\_\_\_  
\_\_\_\_\_

POSITION(S) APPLYING FOR: \_\_\_\_\_

Full-time     Part-time

Full-time     Part-time

Have you filed an application here before? Yes  No  If yes, when? \_\_\_\_\_

When will you be available to begin work? \_\_\_\_\_

**CERTIFICATIONS/LICENSES/SPECIAL SKILLS:** List any registrations, certifications, licenses, you currently possess or have applied for (give type, number, state, and expiration dates) List any other special skills and typing test scores, if applicable. Attach documentation as appropriate.

## EDUCATION: Please list ALL institutions attended.

| SCHOOLS                                     | GRADUATE  | NAME & ADDRESS OF SCHOOL | DATES ATTENDED | Semester/Quarter Hours | Major/Minor | Degree |
|---|---|--------------------------|----------------|------------------------|-------------|--------|
| High School<br>GED <input type="checkbox"/> | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                          |                |                        |             |        |
| Junior/Community College(s)                 | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                          |                |                        |             |        |
| College(s) and/or University(s)             | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                          |                |                        |             |        |
| Graduate and/or Professional                | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                          |                |                        |             |        |
| Other (Specify):                            | Yes <input type="checkbox"/><br>No <input type="checkbox"/> |                          |                |                        |             |        |

**Applications are accepted only when a vacancy is available. Application materials can not be returned and the information is subject to verification. This application will be retained for a period of two years. You must request in writing to have your application activated to be considered for specific openings in the future.**

**TRANSCRIPTS:** During the application process, photocopies of transcripts may be submitted. If hired, the college requires official transcripts from each postsecondary institution attended.

## EXPERIENCE

List employment for the last ten (10) years in chronological order. Begin with your most recent position and work back. Include military and volunteer work, if applicable. ***Explain any gaps in employment.*** If needed, attach additional sheets using the same format as on this application.

Name of current or most recent employer:

|        |      |       |     |
|--------|------|-------|-----|
| Street | City | State | Zip |
|--------|------|-------|-----|

Address:

|            |       |     |   |
|------------|-------|-----|---|
| Job Title: | From: | To: | Full-time: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------|-------|-----|---|

|                    |        |
|--------------------|--------|
| Supervisor's Name: | Title: |
|--------------------|--------|

|  |                               |
|--|-------------------------------|
| May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, please explain: | Phone Number: (    )        - |
|--|-------------------------------|

Duties and Responsibilities:

Reason(s) for Leaving:

Name of most recent previous employer:

|        |      |       |     |
|--------|------|-------|-----|
| Street | City | State | Zip |
|--------|------|-------|-----|

Address:

|            |       |     |   |
|------------|-------|-----|---|
| Job Title: | From: | To: | Full-time: <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------|-------|-----|---|

|                    |        |
|--------------------|--------|
| Supervisor's Name: | Title: |
|--------------------|--------|

|                              |                                    |
|------------------------------|------------------------------------|
| Duties and Responsibilities: | Phone Number: (    ) _____ - _____ |
|------------------------------|------------------------------------|

Reason(s) for Leaving:

|                              |       |                                    |   |
|------------------------------|-------|------------------------------------|---|
| Name of previous employer:   |       |                                    |   |
| Street                       | City  | State                              | Zip   |
| Address:                     |       |                                    |   |
| Job Title:                   | From: | To:                                | Full-time: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Supervisor's Name:           |       | Title:                             |   |
| Duties and Responsibilities: |       | Phone Number: (    ) _____ - _____ |   |
|                              |       |                                    |   |
|                              |       |                                    |   |
| Reason(s) for Leaving:       |       |                                    |   |

|                              |       |                                    |   |
|------------------------------|-------|------------------------------------|---|
| Name of previous employer:   |       |                                    |   |
| Street                       | City  | State                              | Zip   |
| Address:                     |       |                                    |   |
| Job Title:                   | From: | To:                                | Full-time: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Supervisor's Name:           |       | Title:                             |   |
| Duties and Responsibilities: |       | Phone Number: (    ) _____ - _____ |   |
|                              |       |                                    |   |
|                              |       |                                    |   |
| Reason(s) for Leaving:       |       |                                    |   |

**REFERENCES:** List four (4) individuals (not relatives) who are willing to serve as a professional or personal reference for you. Please include persons who know your personal, employment, and educational backgrounds. Include name, title, organization, and current telephone number for each.

|    | Name | Title | Organization | Phone |
|----|------|-------|--------------|-------|
| 1. |      |       |              |       |
| 2. |      |       |              |       |
| 3. |      |       |              |       |
| 4. |      |       |              |       |

| MISCELLANEOUS INFORMATION   |        | YES               | NO |
|---|--------|-------------------|----|
| <p>Have you ever been convicted of or fined and/or sentenced for any criminal offense (misdemeanor or felony), or have you ever plead guilty or 'no contest' (nolo contendere), or had adjudication of guilt withheld for any criminal offense (misdemeanor or felony)?</p> <p>If yes, give dates and places of any convictions, pleas, fines and/or sentences, and explain or describe them. (Attach separate sheet.)</p> <p><i>NOTE: A conviction will not necessarily disqualify you from employment. Factors such as the seriousness and nature of the offense, age at time of the offense, and rehabilitation will also be taken into account.</i></p> |        |                   |    |
| Are you currently on probation or parole?   |        |                   |    |
| Have you ever been terminated or asked to resign from any job? If yes, please provide the date, position, and an explanation of the circumstances.  |        |                   |    |
| Do you have any relatives employed at Gulf Coast State College? If yes, give names, title and or position:  |        |                   |    |
| Do you have a valid driver's license?   |        |                   |    |
| Are you a U.S. Citizen, or do you have proof of employment authorization from the Immigration and Naturalization Service.   |        |                   |    |
| Have you served in the Armed Forces? If yes, give branch and date of discharge.   | Branch | Date of Discharge |    |
| Do you wish to claim veteran's preference?  |        |                   |    |
| Are you retired from any Florida state administered retirement plan? If yes, please state which plan and date of retirement.  |        |                   |    |

### APPLICANT'S STATEMENT

I understand that this application will be given every consideration, but is not a promise of employment.

I understand that the college reserves the right to require me to submit to a medical examination, including a drug/alcohol test, prior to employment and at any time during employment to the extent permitted by law .

I understand that the college may investigate my driving and criminal record. I give the college the right to investigate all references and to secure additional information about me, if job related. I hereby release the college and its representatives from liability for seeking such information, and release all other persons, corporations, or organizations for furnishing such information.

I understand that the college has a nepotism policy, as defined in the GCSC Manual of Policy, Number 6.012, which disallows employment of related persons in a supervisor/subordinate relationship. No relative of an employee serving in the capacity of dean, executive director or higher will be employed at the college. This rule applies to regular full-time and part-time employees, but does not include adjunct positions. I understand that I may not be considered for employment if I have any relatives to which this policy applies employed at this college .

I understand that, should I be employed, such employment will be on a probationary period of six months from the first date of employment.

I understand that any employment relationship with the college is of an "at will" nature, which means that the employee may resign at any time and the college may discharge employees at any time with or without cause. This relationship may be modified by provisions contained in an employment contract.

I agree to abide by all rules and policies established by the Board of Trustees of GCSC. I understand that GCSC maintains a drug free campus and that the unlawful manufacture, distribution, dispensation, possession, or use of alcohol or any other controlled substance will result in disciplinary action up to and including termination of employment.

I hereby state that all of the information that I provide on this application, on my personal resume, transcripts, or other application materials, and in any interview is true and accurate. I understand that if I am employed and any such information is later found to have been omitted, falsified, or misleading in any respect, I may be dismissed.

### DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

***Gulf Coast State College is dedicated to the concepts of equal access and equal opportunity. The college will not discriminate because of race, color, religion, sex, age, national origin, marital status, disability, or citizenship. The college's equity coordinator, Angela Smitherman, Coordinator, Human Resources, will address questions and concerns, and can be reached at the the GCSC Human Resources Office, 5230 West Highway 98, Panama City, Florida, 32401, (850) 873-3569.***



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

Date of Birth: \_\_\_\_\_ Date of Application: \_\_\_\_\_

In order for this college to comply with education and equal employment opportunity regulations, we are required to compile summary data on the sex, ethnicity, and age of all applicants. The information solicited is collected for the sole purpose of providing data to be used for statistical analysis. Completing or not completing this form is strictly voluntary and will neither enhance nor detract from your opportunity for employment at this college. The information provided on this form will **not** be made available to those making employment decisions.

Please check the appropriate line.

**Gender:**  Female  Male

**Ethnicity:**

- Are you Hispanic or Latino (includes persons of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture origin, regardless of race)?  Yes  No  Not Disclosed
- Please select the racial category(s) with which you most closely identify by selecting the appropriate boxes. Check all that apply.

| Category   | Definition  |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native          | A person having origins in any of the original peoples of Central, North or South America, and who maintains tribal affiliation or community attachment.  |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> Black or African American                 | A person having origins in any of the black racial groups of Africa   |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island.   |
| <input type="checkbox"/> White                                     | A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.   |
| <input type="checkbox"/> Not Disclosed                             |   |

**Where Did You Hear/See This Job Posting:**

College Website  College  News Herald  Chronicle of Higher Ed  Career Builder  Job Center  Other Newspaper (Paper Name) \_\_\_\_\_  Other Website \_\_\_\_\_

**\*\*IMPORTANT - PLEASE READ\*\***

The Immigration Reform and Control Act of 1986 makes it illegal for employers to knowingly hire any unauthorized or illegal alien. Therefore, employers must verify the employment eligibility of all applicants hired. Applicants selected for hire must show an employer documentation to establish United States citizenship or that they are a legal permanent resident alien or an alien authorized to be employed in the United States. This documentation is required on the date of hire.

**If you have any questions regarding what documentation will be required to meet this federal requirement, please check with Human Resources.**

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