



5230 West Highway 98  
Panama City, FL 32401-1041

# APPLICATION FOR EMPLOYMENT

**DATE OF APPLICATION:** Enter Date

**All sections of this application must be completed**

***Incomplete applications will not be considered.***

Resumes or vita may be attached, but not in lieu of completing this application

NAME:	Last	First	Middle (not maiden)
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ADDRESS:	Street	City	State	Zip
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Email:	Telephone:	Home	Work	Cell
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Emergency Contact:	Name	Relationship	Telephone
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List any other names under which records of your education or work experience may be recorded:

NAME(S):	Last Name	First Name	Middle Name
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POSITION(S) APPLYING FOR:

<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
<input type="checkbox"/> Full-time	<input type="checkbox"/> 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/ GED	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Junior/ Community College(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Graduate And/or University(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No					
Other (Specify): Enter Here	<input type="checkbox"/> Yes <input type="checkbox"/> No					

**Applications are accepted only when a vacancy is available. Application materials cannot 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 **MUST** 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 you most recent position and work back. Include military and volunteer work, if applicable. Explain and gaps in employment. If needed, attach additional sheets using the same format as on this application.

Name of current or most recent employer:

Address:                      Street                                      City                                      State                                      Zip

Job Title:	Dates	Salary	Full-time: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Supervisor's Name:	Title:
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May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:	Phone Number:
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Duties and Responsibilities:

Reason(s) for Leaving:

Name of most recent previous employer:

Address:                      Street                                      City                                      State                                      Zip

Job Title:	From:	To:	Full-time: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Supervisor's Name:	Title:
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Duties and Responsibilities:	Phone Number:
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Reason(s) for Leaving:

Name of previous employer:

Address:                      Street                                      City                                      State                                      Zip

Job Title:	From:	To:	Full-time: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Supervisor's Name:	Title:
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Duties and Responsibilities:	Phone Number:
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Reason(s) for Leaving:

Name of previous employer: Enter Name					
Address: Street		City		State Zip	
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:					
<p><b>REFERENCES:</b> List four (4) individuals (not relatives) who are willing to serve as professional reference for you. Please include persons who know your personal, employment, and educational backgrounds. Include name, title, organization, current telephone number, and email address for each.</p>					
	Name	Title	Organization	Phone Email	
1.					
	Name	Title	Organization	Phone Email	
2.					
	Name	Title	Organization	Phone Email	
3.					
	Name	Title	Organization	Phone Email	
4.					
<b>MISCELLANEOUS INFORMATION</b>				<b>YES</b>	<b>NO</b>
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)?  If yes, give dates and places of any convictions, pleas, fines and/or sentences, and explain or describe them. (Attach separate sheet.)  <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>				<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on probation or parole?				<input type="checkbox"/>	<input type="checkbox"/>
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.				<input type="checkbox"/>	<input type="checkbox"/>
Do you have any relatives employed at Gulf Coast State College? If yes, give names, title and or position:				<input type="checkbox"/>	<input type="checkbox"/>
Do you have a valid driver's license?				<input type="checkbox"/>	<input type="checkbox"/>
Are you a U.S. Citizen, or do you have proof of employment authorization from the Immigration and Naturalization Service.				<input type="checkbox"/>	<input type="checkbox"/>
Have you served in the Armed Forces? If yes, give branch and date of discharge.		Branch	Date of Discharge	<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to claim veteran's preference? Applies to hourly (non-exempt) positions only.				<input type="checkbox"/>	<input type="checkbox"/>
Are you retired from any Florida state administered retirement plan?				<input type="checkbox"/>	<input type="checkbox"/>
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, 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 & smoke 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, Roberta Mackey, Executive Director, Human Resources, will address questions and concerns, and can be reached at the GCSC Human Resources Office, 5230 West Highway 98, Panama City, Florida, 32401, (850) 872-3866.***

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:**

1. 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
2. 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 Building  Job Center  Other Newspaper (Paper Name)  Other Website

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

**The Immigration Reform and Control Act of 1986 make 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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# REGISTRATION

SEX: Select a Sex

BIRTH DATE

NAME

PHONE #

ADDRESS

CITY

STATE

ZIP

EMAIL ADDRESS:

\*\*\*\*\*SELECT ONE IN EACH CATEGORY\*\*\*\*\*

**RACE**

- 1.  AMER. IND/AK NATIVE
- 2.  ASIAN
- 3.  BLACK
- 4.  HAWAIIAN/PAC. ISLANDER
- 5.  WHITE
- 6.  MORE THAN 1 RACE
- 7.  OTHER

**EDUCATION LEVEL**

- 1.  LESS THAN HIGH SCHOOL
- 2.  H.S. DIPLOMA/GED
- 3.  AA/AS DEGREE
- 4.  BA/BS DEGREE
- 5.  MA/MS DEGREE

**VETERAN STATUS**

- 1.  VETERAN (Vietnam Era)  
(service date between 8/5/64 and 5/7/75)
- 2.  VETERAN (Non-Vietnam Era)
- Percent Veteran Disability**            %
- 3.  Type Discharge:

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*This information will be held in strict confidence according to the Privacy Act of 1974. This information is used to register job seekers with the Workforce Center. The Workforce Center is an equal opportunity employer. All employer and client services are free of charge.*

**PRIVACY ACT STATEMENT**

Disclosure of your social security number is voluntary. It is requested however, pursuant to Section 119.071(5)(a), Florida Statutes for the administration of WIA programs, and will be used in assessing and reporting program performance and accountability to the federal government.