

## **INSTRUCTIONS FOR ELECTRONIC COMPLETION**

For best results:

- Save the application form to your personal directory.
- Complete the form.
- Do NOT use the [ENTER] key when filling out the form. Use the [TAB] key to move from field to field.
- Print and review.
- Send ... as an e-mail\* attachment to [jobs@southflorida.edu](mailto:jobs@southflorida.edu)

-or-

as a hard copy to

**Human Resources  
South Florida Community College  
600 W. College Drive  
Avon Park, FL 33825  
Fax (863) 784-7497**

\*If sending as an e-mail attachment, you must provide an electronic (scanned) signature or fax a copy of the last page showing your actual signature. Your typed name on the application will not be accepted as a signature.



# EMPLOYMENT APPLICATION

600 West College Drive  
Avon Park, FL 33825

SFCC IS AN EQUAL ACCESS/EQUAL  
OPPORTUNITY INSTITUTION

POSITION	
Position Title:	_____
Date Available:	_____

NAME: \_\_\_\_\_

GENERAL INSTRUCTIONS	APPLICANT INFORMATION
<ul style="list-style-type: none"> <li>• Please type or print in ink.</li> <li>• To be considered for employment, complete your application in its entirety, sign in the certification section and specify the position for which you are applying.</li> <li>• Your application must be received by the posted deadline date and time.</li> <li>• A separate application must be submitted for each vacancy.</li> <li>• Photocopies are acceptable (original signature required).</li> <li>• All information you submit is subject to verification.</li> <li>• SFCC hires only U.S. citizens and lawfully authorized alien workers.</li> <li>• If you need special assistance during the application/interview process, please notify Human Resources staff immediately.</li> <li>• If claiming Veterans' Preference for a Career Service position, complete the supplemental Veterans' Preference form.</li> </ul>	<p>Full Name _____</p> <p>Mailing Address _____</p> <p>City _____ County _____ State _____ Zip Code _____</p> <p>Home Telephone _____ Business (Daytime) Telephone _____</p> <p>E-mail Address _____</p>

## EDUCATION

### HIGH SCHOOL

Name and Location of School	RECEIVED: _____ Diploma _____ Certificate of Completion _____ GED _____ Other (specify) _____ _____ None; highest grade completed _____
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*YOUR NAME, IF DIFFERENT, WHILE ATTENDING SCHOOL:*

### COLLEGE, UNIVERSITY, OR PROFESSIONAL SCHOOL

Name of School	Location	Date of Attendance (Month/Year)		Credit Hours Earned		Major/Minor Course of Study	Degree Earned	
		From	To	QTR	SEM		Type	Date

*YOUR NAME, IF DIFFERENT, WHILE ATTENDING SCHOOL:*

### JOB-RELATED TRAINING OR COURSEWORK: (Vocational, Trade, Governmental, Business, Armed Forces, etc.)

Name of School	Location	Date of Attendance (Month/Year)		Credit/Clock Hours Earned		Course of Study	Certificate Earned	
		From	To	QTR	SEM		Type	Date

*YOUR NAME, IF DIFFERENT, WHILE ATTENDING SCHOOL:*

### LICENSURE, REGISTRATION, CERTIFICATION (Examples: Teacher Certification, Contractor's License, RN, CPA, CDL, etc.)

Licensure, Registration or Certification	Number	Date Received	Expiration Date	State Licensing Agency



Name of Next Previous Employer: \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

FROM \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Full or Part-Time? \_\_\_\_\_

          Month / Day / Year

TO \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_ / \_\_\_\_\_

          Month / Day / Year Starting Ending

Your name while employed in this job if different from application: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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

Name of Next Previous Employer: \_\_\_\_\_

Address, City, State: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Your Job Title: \_\_\_\_\_

FROM \_\_\_\_\_ Hours Per Week: \_\_\_\_\_ Full or Part-Time? \_\_\_\_\_

          Month / Day / Year

TO \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_ / \_\_\_\_\_

          Month / Day / Year Starting Ending

Your name while employed in this job if different from application: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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

**SKILLS AND ADDITIONAL COMMENTS**

Include, where applicable, special skills (e.g., typing, shorthand, computer, machine operation, languages spoken fluently) and additional comments regarding fellowships, scholarships, community/professional honors. List research, publication, and other job related activities. Attach separate sheet if necessary.

\_\_\_\_\_

**LOCAL REFERENCES**

Provide the names and telephone numbers of local references (if applicable) and indicate your relationship with them. Suggestions for appropriate references include businesses, banks, recognized community leaders, ministers, etc. If self-employed, include customers and/or vendors.

<u>Name</u>	<u>Daytime Telephone Number</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**EXEMPTION FROM PUBLIC RECORDS DISCLOSURE**

ARE YOU A CURRENT OR FORMER LAW ENFORCEMENT OFFICER, OTHER EMPLOYEE\*, OR THE SPOUSE OR CHILD OF ONE, WHO IS EXEMPT FROM PUBLIC RECORDS DISCLOSURE UNDER FLORIDA STATUTE 119.07?  YES  NO

\*Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Health and the Department of Children and Family Services (SEE F.S. 119.07.)

**BACKGROUND INFORMATION**

HAVE YOU EVER BEEN CONVICTED OF A CRIME WHICH IS A FELONY OR A MISDEMEANOR (other than minor traffic violations)?  YES  NO

HAVE YOU EVER PLED NOLO CONTENDERE OR GUILTY TO A CRIME WHICH IS A FELONY OR A MISDEMEANOR?  YES  NO

HAVE YOU EVER HAD ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A MISDEMEANOR?  YES  NO

HAVE YOU EVER HAD A LICENSE OR CERTIFICATE REVOKED?  YES  NO

HAVE YOU EVER BEEN DISMISSED FROM A POSITION?  YES  NO

HAVE YOU EVER BEEN FOUND IN VIOLATION OF THE FLORIDA CODE OF ETHICS OR ANY OTHER ETHICAL STANDARD?  YES  NO

HAS THERE EVER BEEN A FINDING AGAINST YOU OF ANY EMPLOYMENT-RELATED SEXUAL HARASSMENT?  YES  NO

ARE YOU NOW UNDER CHARGES FOR ANY VIOLATION OF LAW?  YES  NO

If you answered "YES" to any of these questions, please provide a detailed explanation for each "YES" answer, including dates, locations, specific charges, and disposition. If necessary, you may attach a separate sheet.

NOTE: A "YES" answer to any of the above questions will not automatically bar you from employment. The nature, severity, and date of the offense in relation to the position for which you are applying will be considered.

**CITIZENSHIP**

ARE YOU A CITIZEN OF THE UNITED STATES?  YES  NO

If no, do you have the legal right to become employed in the United States?  YES  NO

NOTE: You will be required to provide proof of citizenship or authorization to work in the U.S. upon any offer of employment by SFCC.


**RELATIVES**

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVES WORKING AT SFCC?  YES  NO

If "yes," please give name and current position (if known) \_\_\_\_\_

**GENERAL**

HAVE YOU EVER BEEN EMPLOYED BY SFCC?  IF "YES," WHEN AND IN WHAT CAPACITY? \_\_\_\_\_

IF YOU ARE UNDER THE AGE OF 18, PLEASE PROVIDE YOUR BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_   
Month Day Year

**CERTIFICATION**

I am aware that **any omissions, falsifications, misstatements, or misrepresentations above** may disqualify me for employment consideration and, if I am hired, may be grounds for termination at a later date. **Note: Misrepresentation of association with, or academic standing at, postsecondary education institutions and making false claims of academic degrees or titles are first degree misdemeanors in the State of Florida (F.S. 817.566, 567).** I understand that any information I give may be investigated as allowed by law. I consent to the release of information about my ability, employment history, and fitness for employment by employers, schools, law enforcement agencies, and other individuals and organizations to investigators, personnel staff, and other authorized employees of South Florida Community College for employment purposes. This consent shall continue to be effective during my employment if I am hired. I understand that applications submitted for SFCC employment are public records except as exempted above. I certify that to the best of my knowledge and belief all of the statements contained herein and on any attachments are **true, correct, complete, and made in good faith.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# SOUTH FLORIDA COMMUNITY COLLEGE

## APPLICANT INFORMATION SUPPLEMENT

Dear Applicant:

South Florida Community College is committed to Equal Access and Equal Opportunity. The College will not discriminate in its employment practices or in the admission and treatment of students on the basis of race, color, religion, sex, age, national origin, marital status, political affiliation, sexual orientation or against any qualified individual with a disability. The data requested on this form is voluntary and is used for statistical analysis of applicant pools and for reporting as required by federal and state agencies.

Thank you for your assistance.

### PERSONAL DATA

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

### RACE AND ETHNICITY

Are you HISPANIC OR LATINO? \_\_\_\_\_ YES \_\_\_\_\_ NO

(Definition: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

If "NO," please mark the applicable category or categories below:

- \_\_\_\_\_ **AMERICAN INDIAN OR ALASKAN NATIVE** – A person having origins in any of the original peoples of North and South America ( including Central American), and who maintains tribal affiliation or community attachment.
- \_\_\_\_\_ **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.
- \_\_\_\_\_ **BLACK OR AFRICAN AMERICAN-** A person having origins in any of the Black racial groups of Africa.
- \_\_\_\_\_ **NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- \_\_\_\_\_ **WHITE** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### ACCOMMODATION

If, because of a disability, you require a special accommodation to participate in the application and selection process, please notify the Department of Human Resources in advance. Human Resources is located on SFCC's Highlands Campus in Building I. The direct telephone number for Human Resources is (863) 784-7132.

### POSITION DATA

Position(s) applied for: \_\_\_\_\_

**Complete other side ONLY if claiming Veteran's Preference →**

# SOUTH FLORIDA COMMUNITY COLLEGE

## VETERANS' PREFERENCE CLAIM

### (COMPLETE ONLY IF CLAIMING VETERAN'S PREFERENCE)

Veterans' preference will be given to eligible veterans and spouses of veterans in appointment to non-exempt **Career Service** positions. Listed below are the five veterans' preference categories. If eligible, please check which veterans' preference category you are claiming.

- \_\_\_\_\_ 1. A veteran with a service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public laws administered by the U.S. Department of Veterans' Affairs and the Department of Defense, **or**
- \_\_\_\_\_ 2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured, or forcibly detained by a foreign power, **or**
- \_\_\_\_\_ 3. A veteran of any war who has served on active duty for one day or more during a wartime period (including Operation Enduring Freedom and Operation Iraqi Freedom), excluding active duty for training, and who was discharged under honorable conditions from the Armed Forces of the United States of America, **or**
- \_\_\_\_\_ 4. The unremarried widow or widower of a veteran who died of a service-connected disability, **or**
- \_\_\_\_\_ 5. A veteran who has served in a qualifying campaign or expedition for which a campaign badge or expeditionary medal has been authorized; including any armed forces expeditionary medal or global war on terrorism expeditionary medal.

Are you a resident of the State of Florida? \_\_\_\_\_ YES \_\_\_\_\_ NO

A DD214 or comparable document which serves as a certificate of release or discharge claim **must be furnished at the time of application**. In addition, applicants claiming categories 1, 2, or 4 above must furnish supporting documentation in accordance with the provisions of Rule 55A-7.013 F.A.C. Wartime periods are defined in F.S. 1.01(14). Under Florida law, preference in appointment shall be given by the state to those persons in categories 1 and 2 and then those in categories 3, 4, and 5. Veterans' preference does not apply to retired-for-longevity military personnel when a competitive examination is used. However, retired military personnel with a compensable disability are eligible. Veteran's preference is only available to Florida residents.

If an applicant claiming veterans' preference for a vacant position is not selected, he/she may file a complaint with the Florida Department of Veterans' Affairs, Division of Benefits and Assistance, P.O. Box 31033, St. Petersburg, Florida 33731. A complaint must be filed within 21 days of the applicant receiving notice of the hiring decision made by the employing agency or within 3 months of the date the application is filed with the employer, if no notice is given.

*This Veterans' Preference Claim is a supplement to employment applications of South Florida Community College and is made on a voluntary basis. The information provided will be kept confidential in accordance with the Americans with Disabilities Act. If veterans' preference is being claimed, this form must be returned to Human Resources at the time of application with all necessary documentation.*

\_\_\_\_\_  
Signature of Applicant claiming Veteran's Preference

\_\_\_\_\_  
Date