

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

-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

- Please type or print in ink.
- 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.
- Your application must be received by the posted deadline date and time.
- A separate application must be submitted for each vacancy.
- Photocopies are acceptable (original signature required).
- All information you submit is subject to verification.
- SFCC hires only U.S. citizens and lawfully authorized alien workers.
- If you need special assistance during the application/interview process, please notify Human Resources staff immediately.
- If claiming Veterans' Preference for a Career Service position, complete the supplemental Veterans' Preference form.

APPLICANT INFORMATION

Full Name _____

Mailing Address _____

City _____ County _____ State _____ Zip Code _____

Home Telephone _____ Business (Daytime) Telephone _____

E-mail Address _____

EDUCATION

HIGH SCHOOL

Name and Location of School _____

RECEIVED: _____ Diploma _____ Certificate of Completion _____ GED
_____ Other (specify) _____ None; highest grade completed _____

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
INSTRUCTIONAL EMPLOYMENT APPLICATION SUPPLEMENT

NAME: _____ DATE: _____

AREAS OF TEACHING INTEREST: _____

(If necessary, please use the back of this form or attach supplemental pages in similar format to complete your answers.)

TEACHING EXPERIENCE: Please list subjects taught, where, how long and in what capacity (full-time, adjunct, etc.)

<u>Subjects Taught</u>	<u>Name & Type of Institution/School</u>	<u>How Long?</u>	<u>In What Capacity?</u>

PROFESSIONAL EXPERIENCE and CONTRIBUTIONS TO TEACHING DISCIPLINE: Please describe these experiences and contributions in detail, including dates and locations. (Examples: Extensive related occupational experience; public performances; recognition of related expertise by agencies, associations, organizations; awards, etc.) _____

CURRICULUM DEVELOPMENT: Please describe your experience, if any, developing curriculum. (Include description of curriculum and level of instruction.)

PERSONAL: Please describe the attributes you possess which, in your opinion, make you the best candidate for this position.

Please attach copies of post-secondary transcripts. Official transcripts will be required within 90 days of employment.

If you are interested in teaching on a part-time, as needed basis, please indicate your availability as follows:

LOCATION: MAIN CAMPUS _____ HOTEL JACARANDA CENTER (AVON PARK) _____
 DESOTO CAMPUS (ARCADIA) _____ HARDEE CAMPUS (WAUCHULA) _____
 LAKE PLACID CENTER _____

DAYS: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____

TIMES: Mornings _____ Afternoons _____ Evenings _____

*Initial contact for part-time teaching opportunities is made by
 department chairs, program managers, or campus/center directors.*

*** HUMAN RESOURCES OFFICE USE ***

COPIES TO: _____
 COMMENTS: _____

DATE OF DISTRIBUTION: _____ INITIALS: _____

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 31003, 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