



APPLICATION FOR EMPLOYMENT

Submit to: North Georgia Technical College
 Attention Human Resources
 PO Box 65, Clarkesville, GA 30523
 www.northgatech.edu

Daytime Telephone Number				E-mail Address							
□	□	□	-	□	□	□	□				
Last Name				First Name				Middle Initial			
Street Address								Apartment No.			
City				State		ZIP Code		County			

EMPLOYMENT ELIGIBILITY: To be employed by the Technical College System of Georgia, an applicant must meet certain State and Federal employment eligibility requirements. These include (but are not limited to) United States citizenship or authorization to work in this country, positive rehire status if previously employed by the State, and/or no felony convictions within established time frames (for certain positions). Please answer the following questions.

Are you a United States (US) citizen or an alien authorized to work in the US? <input type="checkbox"/> YES <input type="checkbox"/> NO	Have you ever been dismissed from any State of Georgia government position? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please enter/attach dates & explanation</i>
--	---

TYPE OF WORK: Please do not submit without titles.

Specific Job Title Sought	TCSG Work Unit
	North Georgia Technical College

EMPLOYMENT AVAILABILITY:

What type of employment are you interested in? Full Time Part Time Temporary All

CERTIFICATION: Read carefully before signing and dating. Unsigned applications will be returned.

I certify that all information on this application is correct. I authorize any agent or employee of the State or any referenced employer to verify this information and to release it to anyone who may consider me for employment. I understand that intentionally providing false information on this application or any accompanying attachments is a violation of state law and that any falsification of material fact may disqualify me from employment. If employed before the falsification is uncovered, I understand that I may be released from employment. I also understand that any application submitted electronically, via e-mail or similar media, are not valid unless I enter my name in the signature field below and such action shall constitute an electronic signature.

I understand that if I am offered employment with any work unit or technical college associated with the Technical College System of Georgia, the offer will be contingent upon the successful completion of a criminal history records check and, for certain job categories, will also be contingent upon the successful completion of one or more of the following: a motor vehicle records check; a credit history records check; a drug test; a medical examination; and/or, a psychological examination or other screening device for law enforcement positions requiring certification by the Georgia Peace Officer Standards and Training Council. NOTE: I also understand that there are certain criminal convictions and motor vehicle violations which may preclude my employment. Further information may be found in the State Board of the Technical College System of Georgia Procedure governing Background Investigations.

Signature	Date
-----------	------

WORK HISTORY:

Describe your work history below beginning with your current or most recent job. Include military and volunteer experience. If you worked for the same employer but held different jobs describe each separately. Describe in detail the specific duties beginning with your primary duties. If you need more space attach additional sheets which contain the same information requested in this section. Include the number and types of employees under your supervision. Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration.

You may copy and add *Work History* pages as needed.

Current or Last Employer			Your Job Title		
Address			From (Month/Year)	To (Month/Year)	Hours per week
City	State	ZIP Code	Check One: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern		Annual Salary
Your Supervisor's Name & Title			May we contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Supervisor's Phone
Reason for leaving			<i>Number and types of employees you supervised:</i>		

Describe in detail your job duties and the average percent of work time you spent on each duty.

Employer			Your Job Title		
Address			From (Month/Year)	To (Month/Year)	Hours per week
City	State	ZIP Code	Check One: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern		Annual Salary
Your Supervisor's Name & Title			May we contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Supervisor's Phone
Reason for leaving			<i>Number and types of employees you supervised:</i>		

Describe in detail your job duties and the average percent of work time you spent on each duty.

WORK HISTORY:

Describe your work history below beginning with your current or most recent job. Include military and volunteer experience. If you worked for the same employer but held different jobs describe each separately. Describe in detail the specific duties beginning with your primary duties. If you need more space attach additional sheets which contain the same information requested in this section. Include the number and types of employees under your supervision. Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration.

You may copy and add *Work History* pages as needed.

Employer			Your Job Title		
Address			From (Month/Year)	To (Month/Year)	Hours per week
City	State	ZIP Code	Check One: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern		Annual Salary
Your Supervisor's Name & Title			May we contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Supervisor's Phone
Reason for leaving			<i>Number and types of employees you supervised:</i>		

Describe in detail your job duties and the average percent of work time you spent on each duty.

Employer			Your Job Title		
Address			From (Month/Year)	To (Month/Year)	Hours per week
City	State	ZIP Code	Check One: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern		Annual Salary
Your Supervisor's Name & Title			May we contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Supervisor's Phone
Reason for leaving			<i>Number and types of employees you supervised:</i>		

Describe in detail your job duties and the average percent of work time you spent on each duty.

WORK HISTORY:

Describe your work history below beginning with your current or most recent job. Include military and volunteer experience. If you worked for the same employer but held different jobs describe each separately. Describe in detail the specific duties beginning with your primary duties. If you need more space attach additional sheets which contain the same information requested in this section. Include the number and types of employees under your supervision. Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration.

You may copy and add *Work History* pages as needed.

Employer			Your Job Title		
Address			From (Month/Year)	To (Month/Year)	Hours per week
City	State	ZIP Code	Check One: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern		Annual Salary
Your Supervisor's Name & Title			May we contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Supervisor's Phone
Reason for leaving			<i>Number and types of employees you supervised:</i>		

Describe in detail your job duties and the average percent of work time you spent on each duty.

Employer			Your Job Title		
Address			From (Month/Year)	To (Month/Year)	Hours per week
City	State	ZIP Code	Check One: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern		Annual Salary
Your Supervisor's Name & Title			May we contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Supervisor's Phone
Reason for leaving			<i>Number and types of employees you supervised:</i>		

Describe in detail your job duties and the average percent of work time you spent on each duty.

EDUCATION:					
High School Graduate or GED? <input type="checkbox"/> YES <input type="checkbox"/> NO	Technical/Business School	No. of Months	Field of Study		
LIST ALL COLLEGES ATTENDED, DEGREE(S) OBTAINED AND COURSEWORK HOURS EARNED:					
Name of College/University Attended	Degree Earned	Major	Minor	# Hours	Degree
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
GEORGIA LICENSES AND CERTIFICATIONS:					
Type of License/Certificate	Specialization/Endorsements	License/Certificate Number	Expiration (Mo/Yr)		
Commercial Driver's License (CDL) Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C					
Other:					
Employment of Relatives:					
Do you have relatives employed by the Technical College System of Georgia (TCSG)? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If YES: Relative's name: _____ Relationship: _____					
Relative's TCSG system office work unit or technical college: _____					
Other Employment:					
Do you currently work for another State of Georgia Agency/Department in a full-time or part-time capacity? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If YES: Name of agency/department and position held: _____					
Do you currently work full-time or part-time in the TCSG system office or for a member technical college? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If YES: Name of TCSG system office work unit or technical college: _____					
Retirees:					
Are you currently receiving retirement benefits from the State of Georgia (i.e. TRS, ERS, PSERS, LRS, or JRS)? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Accommodations for Applicants with Disabilities:					
Do you require special examination accommodations because of a disability? If so, please attach a note to this application asking us to telephone you in order to make arrangements. Prior arrangements are necessary in order to receive an accommodation for testing or an interview. You must (1) notify the North Georgia Technical College HR office that you need an examination accommodation PRIOR to the test or interview, (2) have the accommodation authorized BEFORE being tested or interviewed, and (3) provide documentation to show the need for the accommodation (if requested by North Georgia Technical College).					
Veteran's Preference:					
Preference will be given to veterans and other eligible persons as identified in State Personnel Board Rule 18, Paragraph 18.200, provided the individual's qualifications for the job he/she has applied for are equivalent to the most suitable non-veteran applicant for that same job. Preference does not apply in situations involving a promotion, demotion, or transfer to a different job.					
<input type="checkbox"/> VETERAN: DD214 showing dates of service & type of discharge		<input type="checkbox"/> DECEASED VETERAN'S SPOUSE: DD214; marriage certificate; veteran's death certificate or casualty report			
<input type="checkbox"/> DISABLED VETERAN: DD214; certificate of service-connected disability (at least 10%) from the VA dated within the last 6 months		<input type="checkbox"/> DISABLED VETERAN'S SPOUSE: DD214; marriage certificate; disabled veteran's documents dated within last 6 months (veteran must have 100% disability)			

Equal Employment Opportunity Monitoring Information:

The Technical College System of Georgia and its constituent Technical Colleges do not discriminate on the basis of race, color, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, veteran or citizenship status (except in those special circumstances permitted or mandated by law). This nondiscrimination policy encompasses the operation of all educational programs and activities, including admissions policies, scholarship and loan programs, athletic and other Technical College System and Technical College administered programs, including any Workforce Investment Act of 1998 (WIA) Title I financed programs. It also encompasses the employment of personnel and contracting for goods and services. The Technical College System and Technical Colleges shall promote the realization of equal opportunity through a positive continuing program of specific practices designed to ensure the full realization of equal opportunity.

Pursuant to these regulations, the following North Georgia Technical College employee(s) are designated to ensure compliance and to coordinate and process any grievances therein:

Title IX Coordinator
Dr. Michael King
North Georgia Technical College
1500 HWY 197 N., P.O. Box 65
Clarksville, GA 30523
Tel: 706-754-7711

Section 504 Coordinator
Ms. Kay Morgan
North Georgia Technical College
1500 HWY 197 N., P.O. Box 65
Clarksville, GA 30523
Tel: 706-754-7828

Equal Employment Opportunity Self-Identification:

North Georgia Technical College complies with all government regulations. In an effort to comply with requirements regarding government recordkeeping, reporting, and other legal obligations, we ask for your willful participation in providing the information below. This portion of the application is completely voluntary and failure to complete this section will not subject one to any adverse actions.

Please check if you do not wish to self-identify Ethnic Origin and/or Gender.

Ethnic Origin: Are you of Hispanic/Latino origin? YES NO

If "No" please check all races that apply.

- 1) American Indian or Alaskan Native
- 2) Asian
- 3) Black or African American
- 4) Native Hawaiian or Other Pacific Islander
- 5) White
- 6) Two or more races

Gender:

- Male
- Female

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or have previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Reasonable Accommodation

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.