



SEMINOLE COMMUNITY COLLEGE

100 Weldon Boulevard Sanford, Florida 32773-6199
Telephone Number (407) 708-2101
Orlando Area Telephone Number (407) 708-7999
TDD (407) 708-2110-Fax Number (407) 708-2425
Employment Opportunity Hotline (407) 708-2400
Web Site: www.scc-fl.edu
Email: hr@scc-fl.edu
An Equal Access/Equal Opportunity Community College

APPLICATION FOR EMPLOYMENT

Date _____

Name (Mr.)(Ms.)(Dr.) _____

Address _____
Last First MI
Street or P.O. Box City State Zip Code

Telephone Number - Home (____) ____ - ____ Other (____) ____ - ____ Type: _____

Fax (____) ____ - ____ E-mail _____

Title of position for which you are applying: _____

Job Requisition Number of the position for which you are applying: _____

Are you able to perform the essential functions of the position for which you are applying (with/without accommodation)? Yes___ No___

Are you currently or have you ever been an SCC employee? Yes___ No___ If yes, employee ID# _____

Do you have any relatives who are currently employed by SCC? Yes___ No___

Name _____ Relationship _____

EDUCATION

Do you have a high school diploma or equivalent? Yes___ No___

List the institutions that you have attended:

Table with 4 columns: Degree/Major, Degree Completed?, Number of Semester Hours, Institution. Contains 4 empty rows for data entry.

Discipline(s) in which you have 18 or more graduate credits _____

Professional/occupational licenses or certifications _____

Are you currently an SCC employee? ___yes ___no. If yes, do you want your transcripts copied from your personnel file to your application file? ___yes ___no.

EMPLOYMENT

Beginning with your most recent employment, list chronologically the last 15 years of your employment history. Include active military experience. Attach additional pages if needed.

May we contact your current employer? Yes____ No____

Employer_____ Position_____

Address_____ Dates_____ __FT __PT

Supervisor_____ Phone (____) _____ - _____ Reason for leaving_____

Employer_____ Position_____

Address_____ Dates_____ __FT __PT

Supervisor_____ Phone (____) _____ - _____ Reason for leaving_____

Employer_____ Position_____

Address_____ Dates_____ __FT __PT

Supervisor_____ Phone (____) _____ - _____ Reason for leaving_____

Employer_____ Position_____

Address_____ Dates_____ __FT __PT

Supervisor_____ Phone (____) _____ - _____ Reason for leaving_____

Guidelines for HB 699 and SB 156 Veteran/Public Employment Preference effective July 1, 2007:

1. Preference eligibility no longer expires upon appointment of the eligible person to a position with the state or any political subdivision in the state.
2. Persons who were previously ineligible for preference because they held or are currently holding a job with a public employer are now eligible to use their Veterans' Preference again with all employers covered by law.
3. Persons who were previously ineligible for preference because they did not serve during an eligible wartime period may now be eligible for Veterans' Preference if they served during Operation Enduring Freedom (beginning October 7, 2001 - present) or Operation Iraqi Freedom (beginning March 19, 2003 - present).

Are you claiming veterans' preference? Yes____ No____ If yes, attach copy of DD214 or equivalent paperwork showing military status, dates of service, and discharge type.

Have you ever been convicted of a felony or first-degree misdemeanor? Yes____ No____

Have you ever served a jail sentence or a period of probation, including, but not limited to, any agreement pursuant to a plea bargain, a plea of nolo contendere, or a court order of adjudication withheld? Yes____ No____

If you responded yes to either of the two preceding questions, explain below.

Offense, date, and disposition_____

APPLICANT'S ACKNOWLEDGEMENT, CERTIFICATION, AND AUTHORIZATION

I certify that the answers given herein are true and complete. I understand that any deception, misrepresentation, omission of facts or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any deception, misrepresentation or omission of facts in any application will be cause for my dismissal without prior notice regardless of when they are discovered.

I hereby authorize an investigation of all matters contained in this application. I understand that my references and employers may be contacted and that a criminal background check may be conducted. Certain positions require driver's license background or financial background releases.

Applicant's Signature

Date

HR-100

HR Action/SCC Application for Employment.doc
Rev 07/11/07

SEMINOLE COMMUNITY COLLEGE

APPLICANT INFORMATION

You must complete a Seminole Community College application for each position for which you are applying. **Your application and any required supporting documents must be accepted in person at the Human Resources Office or received by mail or FAX no later than 4:30 p.m. on the position closing date to be eligible for review by the search committee.** Any exceptions to this procedure will be noted on the position advertisement.

Applications for part-time instructional positions are accepted on a continuous basis and are kept on file for one (1) calendar year. *A separate application is required for each discipline or instructional position.*

Documents required and/or desired for submission with the application will be noted in the position announcements which are posted on SCC's web site.

Only those persons who provide documents indicating that they meet the minimum qualifications for a position shall be considered an applicant for the position.

All application materials are subject to the Florida Sunshine Law and Equal Access/Equal Opportunity. (EA/E0)

Applications and supporting documents submitted for position vacancies are the property of Seminole Community College.

If employed, official transcripts will be required for those positions requiring a degree. *Seminole Community College only recognizes earned degrees conferred by postsecondary institutions accredited by an Accrediting Body acknowledged by the United States Secretary of Education.* The current issue of the *Higher Education Directory* will be used to determine accreditation status. *It is the applicant's responsibility to have foreign transcripts evaluated by an authorized evaluation service.*

Employment will be contingent upon satisfactory background investigation(s).

In accordance with the American Disabilities Act, persons with a disability who need a special accommodation to participate in this application process should contact the Coordinator of Equity or Director of Human Resources Development and Employee Relations.

Applicants who allege that they have been discriminated against during the employment process due to their age, disability, marital status, national origin, race, religion, or sex may utilize the College's discrimination grievance procedure. Copies of the procedure may be obtained from the Coordinator of Equity or Director of Human Resources Development and Employee Relations.

Questions regarding the application process can be directed to the Human Resources by calling 407-708-2101 and following the prompts to an Employment Representative.

SEMINOLE COMMUNITY COLLEGE.....A DIVERSE LEARNING COMMUNITY

SEMINOLE COMMUNITY COLLEGE

APPLICATION SUPPLEMENT

NAME: _____ SOCIAL SECURITY NUMBER: XXX-XX- _____
(Last four digits)

VETERANS PREFERENCE

Are you claiming veterans preference? _____ Yes _____ No

If you are claiming veterans preference, place a check mark beside one of the following preference numbers and submit this page and your supporting documentation with your application. Documentation substantiating a claim for veteran's preference must be furnished at the time of application.

_____ **1. A veteran** with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement or a pension. Documentation: Copy of DD-214 or equivalent certification from the Veterans Administration listing military status, dates of service and discharge type AND a document from the Department of Defense, Veterans Administration or the Division of Veterans Affairs certifying that the veteran has a service-connected disability.

_____ **2. A spouse of a veteran** who cannot qualify for employment because of a total and permanent service-connected disability. Documentation: Copy of DD-214 or equivalent certification from the Veterans Administration listing military status, dates of service and discharge type AND either a certification from the Department of Defense or the Veterans Administration that the veteran is totally and permanently disabled or an identification card issued by the Division of Veterans Affairs; ALSO evidence of marriage to the veteran and a statement that the spouse is still married to the veteran at the time of application for employment; ALSO proof that the disabled veteran cannot qualify for employment because of the service-connected disability.

_____ **3. A spouse of a person on active duty** missing in action, captured in line of duty by a hostile force, or forcibly detained by a foreign power. Documentation: Certification from the Department of Defense or Veterans Administration that the person on active duty is listed as missing in action, captured in line of duty, or forcibly detained or interned in line of duty by a foreign power; ALSO evidence of marriage and a statement that the spouse is still married to this person at the time of application of employment.

_____ **4. A veteran with active duty performed during a wartime era** who served in a campaign or expedition for which a campaign badge has been authorized or served during one of the following periods of wartime service: (Mexican Border May 9, 1916 to April 5, 1917; WWI April 6, 1917 to November 11, 1918 extended to April 1, 1920 for those veterans who served in Russia; also extended through July 1, 1921, for those veterans who served after November 11, 1918, and before July 2, 1921, provided such veterans had at least 1 day of service between April 5, 1917, and November 12, 1918; WWII December 7, 1941 to December 31, 1946; Korean conflict June 27, 1950 to January 31, 1955; Vietnam era August 5, 1964 to May 7, 1975; Persian Gulf War August 2, 1990 to January 2, 1992, Operation Enduring Freedom October 7, 2001 to present, Operation Iraqi Freedom March 19, 2003 to present. The veteran must have served at least one day during a wartime period to be eligible for veteran's preference. Active duty for training shall not be allowed for eligibility. Documentation: Copy of DD-214 or equivalent certification from the Veterans Administration listing military status, dates of service and discharge type.

_____ **5. A widow or widower, not remarried, of a veteran** who died of a service-related disability.

Documentation: A document from the Department of Defense or the Veterans Administration certifying the service-connected death of the veteran AND evidence of marriage AND a statement that the spouse is not remarried. Under Florida law preference in appointment and employment shall be given, by the state and its political subdivisions, first to those persons included in preferences 1, 2, and 3 above and second to those persons included under preferences 4 and 5 above. If any applicant claiming veterans preference for a vacant position is not selected for the position, he or she may file a complaint with the Division of Veterans Affairs, P.O. Box 31003, St. Petersburg, Fl. 33731. A complaint shall be filed within 21 days of your receiving formal notice of a hiring decision.

SEMINOLE COMMUNITY COLLEGE

VOLUNTARY APPLICATION SUPPLEMENT

NAME: _____ SOCIAL SECURITY NUMBER: XXX-XX-_____
(Last four digits)

Title of the position for which you are applying: : _____

This supplement shall be filed separately from the application and will not be available to persons making employment decisions. While completion of this form is voluntary, you are encouraged to do so to assist the college in collecting statistical data. (Please note: If you are successful in obtaining employment with the College, your completion of this form will be required.)

Gender: _____ Male
 _____ Female

Ethnic Origin: _____ American Indian, Alaskan Native
 _____ Asian, or Pacific Islander
 _____ Black, non-Hispanic
 _____ Hispanic
 _____ White, non-Hispanic

How did you learn of the position vacancy? *Please check **one** only.*

- | | |
|---|---|
| <input type="checkbox"/> America's Job Bank | <input type="checkbox"/> SCC Employee |
| <input type="checkbox"/> Black Issues in Higher Education | <input type="checkbox"/> SCC Human Resources Office |
| <input type="checkbox"/> CareerBuilders.com | <input type="checkbox"/> SCC Job-Line |
| <input type="checkbox"/> Chronicle of Higher Education | <input type="checkbox"/> SCC Printed Position Vacancy Listing |
| <input type="checkbox"/> Friend, Relative | <input type="checkbox"/> SCC Website |
| <input type="checkbox"/> HigherEdJobs.com | <input type="checkbox"/> Seminole County Government TV |
| <input type="checkbox"/> Hispanic Outlook in Higher Education | <input type="checkbox"/> State of Florida Vacancy Listing |
| <input type="checkbox"/> La Prensa | <input type="checkbox"/> Workforce Central Florida |
| <input type="checkbox"/> Orlando Sentinel | |
| <input type="checkbox"/> Orlando Jobs.com | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Professional Journal | |
| <input type="checkbox"/> Sanford Herald | |