



*Robert Arnold – President*

**APPLICATION FOR EMPLOYMENT**

501 Varsity Road - Griffin, GA 30223 - 770-228-7348 - www.griffintech.edu

<b>PLEASE TYPE OR PRINT CLEARLY IN INK</b>		<b>Email Address:</b>	
<b>DAYTIME TELEPHONE NUMBER:</b>		<b>CELL TELEPHONE NUMBER:</b>	
<b>Last Name</b>		<b>First Name</b>	<b>Middle Initial</b>
<b>Street Address</b>			<b>Apartment No.</b>
<b>City</b>		<b>State</b>	<b>ZIP Code</b>
			<b>County</b>
<b>EMPLOYMENT ELIGIBILITY:</b> To be employed by Griffin Technical College, you 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 (for some jobs). Please answer the following questions.			
1. Are you a U.S. Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO			
2. Are you a legal resident of the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
3. Are you a non-resident Alien? <input type="checkbox"/> YES <input type="checkbox"/> NO			
4. Have you ever been dismissed from any State of Georgia government position? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, attach explanation</i>			
5. Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, attach explanation</i>			
6. Do you currently work for another state agency or technical college? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please indicate the state agency or technical college where you are employed:</i>			
<b>SPECIFIC JOB TITLE SOUGHT (DO NOT SUBMIT WITHOUT TITLE):</b>			
<b>EMPLOYMENT AVAILABILITY:</b>			
What type of employment are you interested in? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> All			
<b>VETERAN'S PREFERENCE:</b> The laws of the State of Georgia require that points be added to passing examination scores for certain veterans and combat troops of the Armed Forces of the United States. The following types of preference are currently granted. If you want to apply for Veteran's Preference, check the type below and attach copies of the appropriate document(s) to your application. Copies cannot be returned.			
<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).	
<b>CERTIFICATION:</b> Read carefully before signing and dating. Unsigned applications will be returned.			
I certify that all information on this application is correct and complete. I authorize any agent or employee of Griffin Technical College to verify this information and to release it to anyone who may consider me for appointment. I understand that intentionally providing false information on this form or attachments is a violation of state law. I also understand that applications 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 further certify that either:			
1) I have not been convicted of a drug-related criminal offense; or			
2) if I have been convicted of a drug-related criminal offense, it has been more than three (3) months since my first conviction, or more than five (5) years since a second or subsequent conviction (O.C.G.A. §45-23 et. Seq.).			
<b>SIGNATURE</b>		<b>DATE</b>	

**SKILLS:** Check any which may apply to you.

**COMPUTER SKILLS:**

- Access       Excel       MS Word       PowerPoint  
 PeopleSoft       BANNER       ANGEL/Blackboard       Other (Please Specify)

**LANGUAGE SKILLS:** Check any which apply to you.

- Multilingual: (Specify Languages)       Sign Language

<b>EDUCATION:</b> List any formal education:	<b>HIGH SCHOOL</b>	<b>COLLEGE / UNIVERSITY</b>	<b>GRADUATE / PROFESSIONAL</b>
Name of school:			
Circle years completed:	9   10   11   12	1   2   3   4	1   2   3   4
Diploma/Degree achieved:			
Describe course of study:			
Describe specialized training, apprenticeships or skills:			

**GEORGIA LICENSES AND CERTIFICATIONS:**

<b>Type of License/Certificate</b>	<b>License/Certificate Number</b>	<b>Expiration (Month/Year)</b>	<b>Specializations/Endorsements</b>
Current Valid Driver's License <input type="checkbox"/> YES <input type="checkbox"/> NO			
Current Valid Commercial Driver's License (CDL) <input type="checkbox"/> YES <input type="checkbox"/> NO Class (Check One): <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C			
Teacher Certified in Georgia <input type="checkbox"/> YES <input type="checkbox"/> NO Type of Certificate Held:			
Georgia Peace Officer Standards and Training Certificate (POST) <input type="checkbox"/> YES <input type="checkbox"/> NO			
Other Professional License/Certificate:			
Other Professional License/Certificate:			

**MILITARY HISTORY**

<b>Did you serve in the U.S. Armed Forces?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>If "Yes," in what Branch?</b>
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Describe any training received relevant to the position for which you are applying.

**REFERENCES:**

List at least three professional references that are not related to you.

<b>Name</b>	<b>Telephone</b>	<b>Relationship</b>	<b>Years Known</b>

**Do you have any relatives employed by the Technical College System of Georgia (TCSG)?**     YES    NO

*If YES, please fill out information below:*

Technical College: \_\_\_\_\_      TCSG Department: \_\_\_\_\_  
 Employee Name: \_\_\_\_\_      Relationship: \_\_\_\_\_

**WORK HISTORY:** Describe your work history below beginning with your current or most recent job for the past 10 years. Include part-time, seasonal, military, volunteer experience and all other employment. 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**. DO NOT ANSWER "SEE RESUME." Failure to give complete and detailed information regarding each job held may result in your disqualification from employment consideration.

<b>CURRENT OR LAST EMPLOYER</b>	Dates Employed		Job Title:
	From	To	
Street Address:			Reason for Leaving:
City: State: Zip Code:	Hourly Rate/Salary		
Supervisor's Name & Title:	Starting	Final	May we contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Supervisor's Telephone #:			Check One: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern

Describe in detail the job duties you performed starting with primary duties:

<b>PREVIOUS EMPLOYER</b>	Dates Employed		Job Title:
	From	To	
Street Address:			Reason for Leaving:
City: State: Zip Code:	Hourly Rate/Salary		
Supervisor's Name & Title:	Starting	Final	May we contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Supervisor's Telephone #:			Check One: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern

Describe in detail the job duties you performed starting with primary duties:

<b>PREVIOUS EMPLOYER</b>	Dates Employed		Job Title:
	From	To	
Street Address:			Reason for Leaving:
City: State: Zip Code:	Hourly Rate/Salary		
Supervisor's Name & Title:	Starting	Final	May we contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Supervisor's Telephone #:			Check One: <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern

Describe in detail the job duties you performed starting with primary duties:

**EQUAL EMPLOYMENT OPPORTUNITY MONITORING INFORMATION:**

Griffin Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, disabled veteran, veteran of the Vietnam Era, 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 Griffin 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. Griffin Technical College 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 employee(s) are designated to ensure compliance and to coordinate and process any grievances therein:

Title IX/Equity Representative: Special Populations Coordinator, 501 Varsity Rd., Griffin, GA 30223. (770) 228-7382.  
 ADA/Section 504 Representative: Special Needs Coordinator, 501 Varsity Rd., Griffin, GA 30223. (770) 228-7258.

Title IX/Equity Representative and ADA/Section 504 Representative for satellite centers: Director of Satellite Operations, 1578 Highway 16 West, Jackson, GA, 30223. (770) 504-7595. Any complaints filed against the Title IX/ Equity Coordinator or ADA/Section 504 Coordinator on any campus/center shall be handled by the Vice President for Student Affairs, 501 Varsity Rd., Griffin, GA 30223. (770) 228-7348.

**EQUAL EMPLOYMENT OPPORTUNITY SELF IDENTIFICATION:**

Griffin Technical College complies with all government regulations. In an effort to comply with requirements regarding 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.

Last Name	First Name	Middle Initial

1. Are you of Hispanic/Latino origin?  YES  NO

2. Ethnic Background: (Check one or more of the following racial groups)

- |  |   |
|--|---|
| 1. <input type="checkbox"/> American Indian/Alaskan Native | 4. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| 2. <input type="checkbox"/> Asian                          | 5. <input type="checkbox"/> White                                     |
| 3. <input type="checkbox"/> Black/African American         |   |

**Gender**

**Date of Birth**

- Male  
 Female

MO	DAY	YR

**ACCOMMODATIONS FOR APPLICANTS WITH DISABILITIES**

Do you require special examination accommodations because of a disability? If so, attach a note to this application asking us to call. **PRIOR ARRANGEMENTS ARE NECESSARY.** Note that in order to receive accommodations for testing or interview you must (1) tell Griffin Technical College 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 Griffin Technical College).
