



Application for Employment Lawson State Community College

Position Information	Title of position for which you are applying:				Date of Application		
Personal Information	Last Name		First Name		Middle Initial		
	Address		City		State	Zip	
	Contact Information						
	Phone: Home	Work	Cell	E-mail Address			
Secondary and Postsecondary Education		School/College		Dates Attended From / To	Major	Minor	Degree(s) Earned
	High School/ GED						
	College						
	College						
	College						
	Other (Specify)						
Additional Information	Are you currently employed or have been employed within the last twelve months at an Alabama Community College System college. <input type="checkbox"/> Yes <input type="checkbox"/> No						
	If yes, list the name of the college(s) and dates: _____						
Employment History	Please list most recent employment experience first.						
	Employer		Telephone Number		Job Duties		
	Address		Dates of Employment				
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Hourly Rate/Salary				
	Reason for Leaving						

Employment History (Continued)	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly Rate/Salary	
	Reason for Leaving		
Employment History (Continued)	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly Rate/Salary	
	Reason for Leaving		
Employment History (Continued)	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly Rate/Salary	
	Reason for Leaving		
Employment History (Continued)	Employer	Telephone Number	Job Duties
	Address	Dates of Employment	
	Title <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly Rate/Salary	
	Reason for Leaving		

May we contact your current employer?

Yes

No

Skills, Awards, Certificates or Professional Activities	

References	Please list three references, other than relatives, who can provide information verifying qualifications, character, or work experience.		
	Name and Title	Address	Phone Number
Family Relationship	For the purposes of disclosure, relative includes any person related within the fourth degree of affinity or consanguinity to any job, position, or office of profit with state or with any of its agencies.		
	Are you a relative of any employee in the Alabama Community College system, including (name of college), or any member of the Alabama Community College System Board of Trustees? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, list the name(s), relationship, and employer/position of relative(s):		
Felony Conviction(s)	Have you ever been convicted of or pled no contest or guilty to any felony or any crime involving theft, dishonesty, violence, or sexual misconduct? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, explain below:		
Consent Agreement	I represent and warrant that the information I have given on this application is full and true to the best of my knowledge and belief. I further acknowledge that I understand that I must provide documented verification of education, experience, and required certifications and/or licensures. And further, I represent and warrant that I have answered fully and truthfully all questions regarding criminal convictions/records. I understand that any offer of employment is contingent upon a satisfactory criminal background investigation and I hereby authorize my employing authority within the Alabama Community College System and/or its assigns to conduct a criminal background history investigation. I understand that in the event a conviction for a felony or any crime involving moral turpitude is found that the procedures established for the Board of Trustees policy concerning criminal background checks will be followed. I further understand that I will be responsible for the cost of said criminal background check. I hereby expressly request, and give permission to, former employers and any persons who may have pertinent information concerning this application to furnish such information to college officials. I agree to hold such persons harmless, and I do hereby release them from any and all liability for damage of any nature whatsoever for furnishing such information. I understand that failure to provide full and true information on this application may result in disqualification or dismissal.		
	Signature of Applicant	Date	

Are you a member of the Alabama Community College System Applicant Pool? Yes No

Lawson State Community College
Attention Human Resources
3060 Wilson Road, S.W.
Birmingham, AL 35221
(205)929-6308

It is the policy of the Alabama Community College System, including all postsecondary community and technical colleges under the control of the Alabama Community College System Board of Trustees, that no employee or applicant for employment or promotion, on the basis of any impermissible criterion or characteristic including, without limitation, race, color, national origin, religion, marital status, disability, sex, age, or any other protected class as defined by federal and state law, shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program, activity, or employment. Lawson State Community College will make reasonable accommodations for qualified disabled applicants or employees.

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The following information is gathered solely for reporting purposes and will not be used to evaluate the applicant's qualifications, suitability, or desirability for employment.

Name _____
Last First Middle

SS # _____ Date of Birth _____

Ethnic Background (check one): Gender (check one):

- Native American Male
- White, not of Hispanic origin Female
- Hispanic
- Black, not of Hispanic origin
- Asian/Pacific Islander
- Multi-racial
- Other

MISCELLANEOUS INFORMATION

Have you ever been employed by the College? Yes No

Position: _____ Employed from _____ to _____

Referral Source

- Advertisement Friend Relative Walk-In
 - Employment Agency LSCC Website Other: _____
-



**REQUEST, AUTHORIZATION, CONSENT, AND RELEASE
FOR BACKGROUND INFORMATION**

I have been informed and acknowledged that on December 13, 2007 the State Board of Education adopted Policy 623.01 requiring criminal background checks for all new and current employees.

I understand that I may voluntarily consent to the use of my social security account number for the purpose of conducting a criminal background check. I further understand that my voluntary consent to use my social security account number is being requested for purposes of conducting a criminal background check, pursuant to the authority of the Alabama Community College System Board of Trustees policy regarding criminal background checks. I understand that neither the Alabama Community College System nor any employing authority within the Alabama Community College System will deny me any right, benefit or privilege provided by law because of my refusal to voluntarily consent to the use of my social security account number for the limited purpose of conducting a criminal background check pursuant to the Alabama Community College System Board of Trustees policy regarding criminal background checks.

_____ I voluntarily consent to the use of my social security account number for the limited purpose of conducting a criminal background check. Social Security # _____

_____ I do not consent to the use of my social security account number for the limited purpose of conducting a criminal background check.

The information I have given in my employment application, interviews, and/or related resumes and documents is true, complete, and accurate.

I understand and agree that if employed, and/or during any period of employment, any false statements, misrepresentations of facts, or omission made by myself become known, my employment shall be subject to immediate termination.

I understand that in the event a conviction for a felony or any crime involving moral turpitude is found that the procedures established for the Board of Trustees policy concerning criminal background checks will be followed.

I have read and completely understand this release.

Applicant's Signature: _____ Date: _____

Applicant's Name (Please print): _____
First Name Middle Name Last Name

Address: _____

Driver's License Number: _____ State: _____ Date of Birth: _____

Email Address: _____ Phone Number _____