

EMPLOYMENT APPLICATION

Broward College is dedicated to the concept of equal opportunity. The College will not discriminate on the basis of race, color, religion, sex, age, national origin, marital status, sexual preference, disability or veteran status in its employment practices or in the admission and treatment of students.

It is the policy of Broward College ("the College") to provide equal employment to all persons and to administer policies regarding hiring, promotions, benefits, compensation and transfer without discrimination because of race, color, marital status, sexual preference, age, sex, religion, national origin, disability or veteran status, or any other characteristic covered by law.

All employees are required to treat all other employees with respect and consideration. Employees are required to establish effective working relationships to achieve work objectives. Disagreements and conflicts will be resolved on the basis of job related issues. Employees are prohibited from engaging in any form of discrimination, intimidation, harassment, retaliation, and all other actions that might contribute to an unfavorable work environment for any employee.

INSTRUCTIONS FOR ALL APPLICANTS

- All applicants are responsible for submitting complete application documents.
- All sections of the application must be completed.
- All questions must be answered completely and accurately.
- Resumes will not be accepted in lieu of applications. However, applicants are encouraged to submit a current resume with the application.
- All submitted materials become the sole property of Broward College and will not be returned or copied.
- All applicants, including internal applicants, must submit an unofficial copy of college transcript(s).
- Applicants for faculty and administrative positions must submit a copy of college transcript(s) with applications. Official transcript(s) must be submitted prior to date of hire.

Personal Data

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Last Name

First Name

Middle Initial

Social Security Number

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Address (Street Number and Name)

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City

State

Zip Code

County

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e-mail

Phone: Business

Home (or where you can be reached)

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Date available to begin

Starting wage desired

ARE YOU 18 YEARS OF AGE OR OLDER? Yes No

Position Information

Job Title, Reference Number, and Campus for which you are applying:

1.

WILLIS HOLCOMBE CENTER 111 East Las Olas Blvd. (Bldg. 33) 225 East Las Olas Blvd. (Bldg. 31) Fort Lauderdale, FL 33301	A.HUGH ADAMS CENTRAL CAMPUS 3501 SW Davie Road Davie, FL 33314	NORTH CAMPUS 1000 Coconut Creek Blvd. Coconut Creek, FL 33066	JUDSON A. SAMUELS SOUTH CAMPUS 7200 Hollywood Blvd. Pembroke Pines, FL 33024	CYPRESS CREEK ADMINISTRATIVE CENTER 6400 N. W. 6th WAY FORT LAUDERDALE, FL 33309	PINES CENTER 16957 Sheridan St. Pembroke Pines, FL 33331
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Relatives

TO YOUR KNOWLEDGE, DO YOU HAVE ANY RELATIVE(S) WORKING IN THIS COLLEGE? Yes No
IF YES, PLEASE PROVIDE NAME(S):

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Background Information

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR A FIRST DEGREE MISDEMEANOR? Yes No

If "YES", what charges?

Where convicted? Date of Convictions:

HAVE YOU EVER PLED NOLO CONTENDERE OR PLED GUILTY TO A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? Yes No

If "YES", what charges?

Where convicted? Date of Convictions:

HAVE YOU EVER HAD THE ADJUDICATION OF GUILT WITHHELD FOR A CRIME WHICH IS A FELONY OR A FIRST DEGREE MISDEMEANOR? Yes No

If "YES", what charges?

Where convicted? Date of Conviction

NOTE: A 'YES' answer to these questions will not automatically bar you from employment. The nature, job-relatedness, severity and date of the offense in relation to the position for which you are applying are considered.

Citizenship

Broward College hires only U.S. citizens and those legally authorized to work in the United States. If a conditional offer of employment is made, you will be required to provide identification and proof of citizenship or authorization to work in the U.S.

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?

Yes No

Faculty Applicants Only

Please list all of the courses you have taught in the discipline for which you are applying. Attach extra sheet if necessary.

Name of School/College/ University	From	To	Grade Level And / Or Subject Taught	Credit Hours (Indicate semester or Quarter Hrs.)

Education

SCHOOLS	GRADUATE?	NAME & ADDRESS OF SCHOOL	MAJOR/ CREDIT HRS.	MINOR/ CREDIT HRS.	ACADEMIC DEGREE
High School / GED	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Junior/ Community College(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
College(s) And/or University(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate and/or Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Graduate and/or Professional	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other Ed. Voc. Tech School(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Skills/Licenses/Certifications

Use this space to indicate any professional or occupational licensure, registration or certification (e.g., Florida Teaching Certificate, Florida Chauffeur's License, Registered Nurse Certificate, etc.) you currently hold or any special knowledge, skills, or abilities (e.g., typing, word processing, shorthand, computer use) you possess. If licensure or certification is required or preferred for a position vacancy, a copy of the licensure or certificate must accompany this application.

Activities

List professional organizations of which you are a member, professional recognitions, committee work or articles published which relate to the position for which you are applying.

Employment History

Please list all employment **Starting With Present or Most Recent Employer and** account for all periods of time, including unemployment and service with U.S. Armed Forces.

May we contact your present employer?

Yes

No

Have you ever worked for BC before?

Yes

No

If yes, dates of employment:

I. CURRENT/LAST EMPLOYER (Name of Firm or Agency)

MAILING ADDRESS

Supervisor's Name/Title

Phone Number

Job Title

Start Salary: \$

Ending Salary: \$

Full-Time

Part-Time

Hours per Week

Dates Employed: From

Reason for Leaving

Duties:

II. CURRENT/LAST EMPLOYER (Name of Firm or Agency)

MAILING ADDRESS

Supervisor's Name/Title

Phone Number

Job Title

Start Salary: \$

Ending Salary: \$

Full-Time

Part-Time

Hours per Week

Dates Employed: From

Reason for Leaving

Duties:

III. **CURRENT/LAST EMPLOYER** (Name of Firm or Agency)

MAILING ADDRESS

Supervisor's Name/Title Phone Number

Job Title Start Salary: \$ Ending Salary: \$

Full-Time Part-Time Hours per Week Dates Employed: From To

Reason for Leaving

Duties:

IV. **CURRENT/LAST EMPLOYER** (Name of Firm or Agency)

MAILING ADDRESS

Supervisor's Name/Title Phone Number

Job Title Start Salary: \$ Ending Salary: \$

Full-Time Part-Time Hours per Week Dates Employed: From To

Reason for Leaving

Duties:

Work References

Please list three (3) work references with complete names, addresses and phone numbers.

1.

2.

3.

Terms and Conditions

I certify that all statements made on this application and the information contained in all other documents I have submitted in support of my application are true and complete to the best of my knowledge. I understand that my stated pre-employment qualifications are subject to verification and I hereby authorize Broward College to confirm or investigate any information provided.

I understand that any falsification of this application will be sufficient grounds for rejection of this form and for termination of employment. If selected for employment, I may be required to be fingerprinted for purposes of a criminal background check.

I agree to provide proof of my identity and work authorization for verification of employment eligibility. Any falsification of employment documents shall result in immediate termination of employment. In submitting this form, I authorize Broward College to contact each of my former employers, educational institutions and the references listed herein. I also authorize each of my former employers, educational institutions, and references listed herein to give Broward College any and all information concerning my education, previous employment, any pertinent information they may have regarding my work performance, whether such information is favorable or unfavorable to me. I hereby fully release all such persons and entities from any liability with respect to furnishing such information to Broward College and waive any claims I may have against them with respect to release of such information. I also authorize Broward College to release such employment information as necessary to those employees and agents of Broward College who require such information to investigate or to make a decision with respect to any matter pertaining to my employment.

I understand that this form is not a contract for employment and completing and submitting this form does not grant me any right to or guarantee of employment. In addition, such offer of employment, if forthcoming, will be specifically stated in a separate document.

I certify that I have read and agree with these statements.

****Please Note**** Documents submitted to Broward College for employment opportunities are subject to disclosure under the Florida Public Records Act.

SIGNATURE:

DATE: