



APPLICATION FOR EMPLOYMENT
 1800 Century Place N.E., Suite 550 • Atlanta, GA • 30345-4304
www.tcsg.edu

Daytime Telephone Number

E-mail Address

[]	[]	[]	-	[]	[]	[]	-	[]	[]	[]	[]	
Last Name						First Name			Middle Initial/ Maiden Name			
Street Address										Apartment No.		
City						State		ZIP Code		County		

EMPLOYMENT ELIGIBILITY: To be employed by the Technical College System of Georgia, one 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 certain positions). Please answer the following questions.

1. Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. Are you an alien authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	3. 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>	4. Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, attach explanation</i>
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VETERAN'S PREFERENCE: 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).

TYPE OF WORK: Please do not submit without titles.

Specific Job Title Sought	TCSG Department

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 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.).

Signature	Date
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SKILLS: Check all that may apply						
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Sign Language	<input type="checkbox"/> GA Peace Officer Training	<input type="checkbox"/> Will work nights			
<input type="checkbox"/> Legal Transcription	<input type="checkbox"/> Typing ____ WPM	<input type="checkbox"/> Drivers License	<input type="checkbox"/> Multilingual			
<input type="checkbox"/> Medical Transcription	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Car for use at work	(Specify Languages Below & Proficiency)			
Writing Proficiency:	<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advance	Speaking Proficiency:	<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advance	Reading Proficiency:	<input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advance	
Computer Skills: <input type="checkbox"/> Access <input type="checkbox"/> Excel <input type="checkbox"/> MSWord <input type="checkbox"/> PeopleSoft <input type="checkbox"/> PowerPoint <input type="checkbox"/> Other (Please specify below)						
EDUCATION:						
High School Graduate or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Vocational/Business School	No. of Months	Field of Study	Date Completed		
PLEASE LIST EXACT COLLEGE HOURS BELOW:						
Name of College/University Attended	Major	Hrs	Minor	Hrs	Type of Degree	Date Degree Completed
LANGUAGE SKILLS: Check any that apply to you.			<input type="checkbox"/> Multilingual (Language: _____) <input type="checkbox"/> Sign Language			
GEORGIA LICENSES AND CERTIFICATIONS:						
Type of License/Certificate	Specialization/Endorsements	License/Certificate Number	Expiration (Mo/Yr)			
Teacher Certified in Georgia – Type of Certificate						
Commercial Driver's License (CDL) Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C						
Other:						
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.						
Current or Last Employer		Your Job Title				
Address		From (Mo/Yr)	To (Mo/Yr)	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		# and types of employees you supervised:				
Describe in detail your job duties and the average percent of work time you spent on each duty.						

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Your Supervisor's Name & Title			May we contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO		Supervisor's Phone
Reason for leaving			# and types of employees you supervised:		

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

Employment of Relatives: Do you have any relatives employed by the Technical College System of Georgia?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you selected "Yes" to the question above, please indicate below the College or TCSG Department where they are employed: Technical College: _____ TCSG Department: _____			
If "Yes," please provide the employee name: _____			
Relationship: _____			
Other State of Georgia Employment: Do you currently work for another State Agency in a Full-time or Part-time capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Internal Employment: Do you currently work in the TCSG System Office or for a Unit of the Technical College System of Georgia in a Full-time or Part-time capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," please indicate the name of the Technical College: _____			
If within the System Office, please indicate which work unit: _____			
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) tell the System Office 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 the Technical College System of Georgia).			
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, 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 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 employee(s) are designated to ensure compliance and to coordinate and process any grievances therein: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> Title IX Coordinator Executive Director of Legal Services Technical College System of Georgia 1800 Century Place N.E., Suite: 400 Atlanta, GA 30345-4304 Tel: 404.679.1607 </td> <td style="width: 50%; vertical-align: top;"> Title 504 Coordinator Executive Director of Legal Services Technical College System of Georgia 1800 Century Place N.E., Suite: 400 Atlanta, GA 30345-4304 Tel: 404.679.1607 </td> </tr> </table>		Title IX Coordinator Executive Director of Legal Services Technical College System of Georgia 1800 Century Place N.E., Suite: 400 Atlanta, GA 30345-4304 Tel: 404.679.1607	Title 504 Coordinator Executive Director of Legal Services Technical College System of Georgia 1800 Century Place N.E., Suite: 400 Atlanta, GA 30345-4304 Tel: 404.679.1607
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Equal Employment Opportunity Self-Identification: The Technical College System of Georgia 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.			
Ethnic Origin: Are you of Hispanic/Latino origin? If "No" please check below all races that apply. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Race: 1) <input type="checkbox"/> American Indian or Alaskan Native 2) <input type="checkbox"/> Asian 3) <input type="checkbox"/> Black or African American 4) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander 5) <input type="checkbox"/> White	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth: _____ / _____ / _____			