



APPLICATION FOR FACULTY EMPLOYMENT

The Vermont State Colleges is an equal opportunity employer and does not discriminate against any individual because of race, color, religion, ancestry, place of birth, gender, sexual orientation, gender identity or expression, national origin, age or veteran status, or against a qualified individual with a disability, or any other person whose status is protected under local, state or federal laws.

Please return this form, ALONG WITH A COVER LETTER AND RESUME to the academic center at which you would like to teach.
Go to www.ccv.edu/locations for center contact information.

Date of Application	Date Available to Work	Subject for Which You Are Applying				
Desired academic center of assignment (<i>check all that apply</i>)						
Bennington	Brattleboro	Middlebury	Montpelier	Morrisville	Newport	Online
Rutland	Springfield	St. Albans	St. Johnsbury	Upper Valley	Winooski	

Name: (*Last, First, Middle*)

Daytime Phone Number

Email Address

Mailing Address (*Street or P.O. Box, City, State, Zip*)

Are you over 18 years of age? Yes No Are you a Veteran? Yes No

Are you legally eligible for employment in the United States? Yes No

Have you been convicted of a felony? Yes No

If yes, please describe where, when and under what circumstances.

If driving is required for the position:

Do you have a valid, up-to-date license? Yes No

Any restrictions? Yes No

Have you been convicted of a traffic offense within the past five years? Yes No

If yes, please describe where, when and under what circumstances.

Previous employment with a Vermont State College? Yes No

Previous employment with Community College of Vermont? Yes No

If yes, please list date(s), location(s) and job titles(s):

PLEASE ATTACH A RESUME OR CV

EDUCATION

High School/Voc. School	City, State	Did you graduate? Yes No	Course of Study
Postsecondary Institutions Undergraduate	City, State	Did you graduate? Yes No	Degree(s)/Subject
Graduate		Yes No	

SKILLS/CERTIFICATION

Please list any additional training, skills or certification you have that would be useful in evaluation your application for employment.

EMPLOYMENT

Name of Firm or Institution	Address	Dates Employed
Position Describe your duties	Name & Title of Supervisor	
Reason for leaving		
Name of Firm or Institution	Address	Dates Employed
Position Describe your duties	Name & Title of Supervisor	
Reason for leaving		
Name of Firm or Institution	Address	Dates Employed
Position Describe your duties	Name & Title of Supervisor	
Reason for leaving		

ADDITIONAL REFERENCES (*Excluding relatives*)

Name	Occupation	Company/Address	Telephone/Email
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Name	Occupation	Company/Address	Telephone/Email
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Name	Occupation	Company/Address	Telephone/Email
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Have you ever been fired from a job or resigned in the face of disciplinary action? Yes No
If yes, please describe the date and circumstances.

PLEASE READ CAREFULLY BEFORE SIGNING

All new full-time employees and certain part-time employees will be subject to a criminal background check. By signing below, I agree to the release of criminal background information by any law enforcement organization. This check will only be conducted if I am offered a position at the Community College of Vermont. My signature below indicates my understanding that any offer of employment is contingent upon the satisfactory results of this criminal background check.

Candidates for maintenance, custodial and public safety are required to undergo a pre-employment physical examination to determine the individual's ability to perform the essential functions of the position. The results of the examination will be reported to the college and will be maintained by the college as a confidential medical record.

I certify that the information provided on the form is correct and complete. I understand and agree that provision of false information on this application or any attachments, misrepresentation, or omission of requested information could result in denial of employment or immediate termination once hired by Vermont State Colleges.

I understand and agree that all information furnished in this application and any attachments may be verified by Vermont State Colleges. I hereby authorize all individuals and organizations named or referred to (except where specifically denied) in this application to give Vermont State Colleges all information necessary to verify the contents of this application and relative to my work habits, and character and hereby release such individuals, organizations and Vermont State Colleges from any liability for claim or damage which may result.

Signature

Date

Print out document and add signature before submitting form.