

# WALTERS STATE

THE GREAT SMOKY MOUNTAINS COMMUNITY COLLEGE  
A Tennessee Board of Regents College

Morristown, Tennessee 37813-6899  
An Equal Opportunity/Affirmative Action Employer

## PROFESSIONAL STAFF AND FACULTY APPLICATION

(Please type or print plainly and return to the Office of Distance Education)

Date: \_\_\_\_\_

Position(s) for which you are applying:

1.
2.
3.

1. Name \_\_\_\_\_  
last first middle maiden (if shown on school or employment records)

2. Mailing Address \_\_\_\_\_  
street city state zip code

Telephone: Home: \_\_\_\_\_ Other: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_

3. Availability Recap:  
 Will you accept temporary employment? [ ] Yes [ ] No    Part-time? [ ] Yes [ ] No    Full-time? [ ] Yes [ ] No  
 Will you teach evening or night classes? [ ] Yes [ ] No    Will you teach off-campus classes? [ ] Yes [ ] No  
 What is the minimum salary you will accept? \$ \_\_\_\_\_    Date available? \_\_\_\_\_

**ANSWER ALL SECTIONS CAREFULLY AND COMPLETELY. DO NOT USE "SEE RESUME OR OTHER DOCUMENTS". ALL STATEMENTS MADE IN THIS APPLICATION MAY BE VERIFIED.**

4. Educational Background:

Last high school attended _____ Address					Year Attended	
Names and Addresses of Colleges or Universities Attended	Dates Attended		Field of Study or Area of Concentration		Type of degree Obtained & Date	Total Semester Hrs.
	From	To	Major	Minor		

5. Experience: Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of employment. Use additional pages if further space is needed. If you have never been employed or are now unemployed, indicate that fact in the space provided below:

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Do you have objections to your present employer being contacted prior to the time of interview?  
 Yes     No     NA

Your Title				Name and Title Immediate Supervisor		
Firm Name				Address/Phone		
Length of Employment		Total		Annual Salary	9 Months/ 12 Months	Reason for Leaving
From	To	Years	Months			
Duties						

Your Title				Name and Title Immediate Supervisor		
Firm Name				Address/Phone		
Length of Employment		Total		Annual Salary	9 Months/ 12 Months	Reason for Leaving
From	To	Years	Months			
Duties						

Your Title				Name and Title Immediate Supervisor		
Firm Name				Address/Phone		
Length of Employment		Total		Annual Salary	9 Months/ 12 Months	Reason for Leaving
From	To	Years	Months			
Duties						

Your Title				Name and Title Immediate Supervisor		
Firm Name				Address/Phone		
Length of Employment		Total		Annual Salary	9 Months/ 12 Months	Reason for Leaving
From	To	Years	Months			
Duties						

Your Title				Name and Title Immediate Supervisor		
Firm Name				Address/Phone		
Length of Employment		Total		Annual Salary	9 Months/ 12 Months	Reason for Leaving
From	To	Years	Months			
Duties						

6. **HANDWRITTEN** Autobiographical Statement (Required of **ALL** faculty, administrative and professional staff positions). Write a statement concerning your personal background including some noteworthy experience you have had or interesting activity in which you have been engaged within the last five years. Attach additional pages if necessary.

7. Professional Publications \_\_\_\_\_

8. Professional Associations: \_\_\_\_\_

9. Prior and current employment by the state of Tennessee:  Yes  No. If "Yes" please provide information below

From		To		Department or Agency
Month	Year	Month	Year	

10. Relatives currently employed at Walters State Community College:  None  Yes (if "yes", list name, position and relationship:

11. Have you ever been dismissed from employment for cause?  No  Yes If "yes", please explain:

12. Have you ever been convicted or pleaded guilty to a criminal charge? (An affirmative response will not necessarily be a bar to employment. Factors such as age, elapsed time, seriousness, nature and rehabilitation will be taken into account.

References: List below at least four references not related to you who have first hand knowledge of your character, personality, scholarship, and qualifications

Name and Position	Address	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. ATTACHMENTS: A resume may be attached but MAY NOT be used in lieu of application.

15. This application will not be considered complete until official transcripts covering college or university work have been received by the Office of Academic Access. **Unofficial copies of transcripts are acceptable for applicant processing purposes.**

**RELEASE OF INFORMATION TO WALTERS STATE COMMUNITY COLLEGE**

16. **Certification of Application:** I hereby certify that all information contained in this application is true, complete and accurate to the best of my knowledge. I also authorize any necessary investigations and the release of transcripts and other personal information relative to my employment. Documents obtained become subject to the Tennessee Public Records Act, T.C.A. 10-7-101, et. seq. I understand that misrepresentation of this information may subject me to disqualification for compensation for any job or to termination of employment if employed by any agency of Tennessee State Government.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please address all correspondence concerning employment to: **Office of Distance Education  
Walters State Community College  
500 S. Davy Crockett Parkway  
Morristown, TN 37813-6899  
423-585-6996  
Fax: 423-585-6853**



Date: \_\_\_\_\_

To the registrar of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Registrar:

Please mail an official transcript of my record to:

Office of Distance Education  
Walters State Community College  
500 South Davy Crockett Parkway  
Morristown, TN 37813-6899

as soon as possible.

My last period of attendance at your school was \_\_\_\_\_

My social security number is \_\_\_\_\_

\_\_\_\_\_  
(Last Name)

(First Name)

(Middle Name)

(Maiden Name)

If there is a charge for this service, please bill me at the address indicated below:

\_\_\_\_\_  
(Street or Rural Route)

\_\_\_\_\_  
(City, State, and Zip Code)

\_\_\_\_\_  
(Signature)



**FAIR CREDIT REPORTING ACT  
DISCLOSURE AND AUTHORIZATION FORM**

Walters State Community College may request, or has decided to request, a consumer report to be obtained from a consumer reporting agency to assist it in making a decision pertaining to your application for employment, or your promotion, reclassification, transfer or retention as an employee at Walters State.

You are considered a "consumer" under the Fair Credit Reporting Act and have certain rights thereunder. A "consumer reporting agency" is a person or business that, for monetary fees, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports. A "consumer report" is any written, oral or other communication of any information by a consumer reporting agency concerning a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes.

The information requested may include, but not be limited to, verification of identification and/or Social Security number; checks of criminal history, if any; verification of employment, education, credentials or licenses held by you; and credit history. Any information contained in such reports may be taken into consideration in evaluating your suitability for employment, promotion, reclassification, transfer or retention as an employee.

By your signature below, you indicate that you authorize and consent to the release of consumer reports to Walters State to be used in connection with your application for employment, promotion, reclassification, transfer or retention at Walters State. If you fail or refuse to execute this document, no further consideration will be given to your application for employment, promotion, reassignment or retention as an employee.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date