



A unit of the Technical College System of Georgia

Application for Employment

PLEASE RETURN COMPLETED APPLICATION IN PERSON OR VIA U.S. MAIL

Return To: *Heart of Georgia Technical College*
Personnel Office
560 Pinehill Road
Dublin, GA 31021
Phone: (478) 274-7934 or (800) 200-4484 (Georgia only)

Application packets are not accepted by fax or email.

All information must be complete in order for an application to be considered.

Heart of Georgia Technical College is committed to focusing on the best qualified applications for our openings. To ensure applicants receive the attention and consideration they deserve, we require that all persons interested in a position with Heart of Georgia Technical College complete all of the following steps in our standard application procedure. Please note that you will not be considered an applicant unless you comply with each and every step.

Application packets must include the following:

- HGTC Application. Resume not accepted in lieu of HGTC application
- Letter of interest stating the position you wish to be considered for
- Current Resume
- Transcripts for all post-secondary educational institutions attended—See job ad for degree requirements.

Unofficial transcripts are acceptable for the application packet, official will be required if hired. Transcript fees are the responsibility of the applicant. Copies of diplomas/grade reports are not accepted as transcripts. Do not have transcripts sent from schools(s) attended directly to HGTC.

- Copies of any licenses/certificates pertaining to the position

Application packets for full-time employment are accepted for open positions only and are maintained on file only for that position. Application packets for adjunct/part-time positions are accepted on a continuous basis and maintained on file for one year. If applying for multiple positions, an application packet is required for each position.

Complete this application in full. **Please do not write “See Resume” on this form.**

HEART OF GEORGIA TECHNICAL COLLEGE
Application for Employment

APPLYING FOR:

Position: _____ Campus: _____

HOW MAY WE CONTACT YOU?

Social Security Number: _____

(Legal) Name: _____
Last First Middle

Mailing Address: _____ Apt. # _____

City _____ County _____ State _____ Zip Code _____

Home Phone () _____ Business Phone () _____

Fax Number () _____ E-Mail Address _____

Cell Number () _____ Fax Number () _____

Salary Requirements: **do not leave blank or negotiable** \$ _____ per hour or \$ _____ annual

Are you related by blood or marriage to anyone currently employed by Heart of Georgia Technical College? Yes No

If **yes**, please list employee name(s) and relationship(s):

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Are you currently employed with another State of Georgia agency? Yes No

If **yes**, please provide the following information:

Agency Name: _____

Job Title: _____ Hours worked: _____

Optional-Information Requested below is for Equal Employment Monitoring Purposes

Race (check one) Indian White Hispanic Black Asian

Gender (check one) Male Female **Birth date** ___/___/___/

TELL US ABOUT YOUR EDUCATION:

Transcript copies are required when applying for all instructional positions and administrative positions. For other positions please see the HGTC job ad for transcript requirements. For positions requiring transcript copies, please return copies for all schools attended after high school with this application form. Official copies are not required when applying; however, the copies submitted must show courses taken and degree awarded, if received. Diploma copies and grade reports are not accepted in lieu of transcripts. If hired, official transcript copies will be required as a condition of employment; any fees are the responsibility of the applicant. Do not have transcripts sent directly to HGTC when applying.

High School Graduate or GED?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Name of Vocational/Technical College/College/University Attended	Major	Minor	Type of Degree	Date Degree Completed

Georgia Licenses and Certifications

Driver's License copies are required if applying for a CDL, Driver's Education or Security position. License/Certifications which apply to the position you are applying for should be attached to this application.

Type of License/Certificate	Specialization/Endorsements	License/Certificate Number	Expiration (Mo/Yr)
Medical License:			
Driver's License	Class A _____ B _____ C _____ CDL _____		
Other:			

TELL US ABOUT YOUR WORK EXPERIENCE

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 our 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 and Title				May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Supervisor's Phone	
Reason for leaving				Number and types of employees you supervised:			
Describe in detail your job.							

Have you ever served in the Armed Forces of the United States? Yes No

If **Yes**, please answer the following:

Branch: _____ Period of Active Duty (Month/Year) From: ___/___ To: ___/___

Rank at Discharge _____

Date of Separation: (Month/Year) ___/___ Describe duties and any special training _____

Do you possess a valid driver's license? Yes No State _____ License No. _____

Expiration Date _____

Have you ever been terminated or forced to resign from any job? Yes No

If **yes**, explain _____

Are you legally authorized to work in the United States? Yes No

Give the names of three (3) people, not relatives, who are familiar with your work.

Name _____ Address _____ Phone () _____

Name _____ Address _____ Phone () _____

Name _____ Address _____ Phone () _____

VETERAN'S REPORTING

The Federal law requires that an annual report be submitted to the U.S. Department of Labor for certain veterans and combat troops of the Armed Forces of the United States. The following types of preference are currently required. If you qualify as a Veteran, check the type below and attach **copies** of the appropriate document(s) to your application. **Copies cannot be returned.**

- VETERAN OF VIETNAM: DD214 showing Dates of service & type of discharge

- SPECIAL DISABLED VETERAN: DD214: certificate of service-connected disability (at least 10%) from the VA.

- OTHER PROTECTED VETERAN: One who served on active duty during a war or in campaign or expedition for which a campaign badge has been authorized. For those with internet access, the information required to make this determination is available at <http://www.opm.gov/veterans/html/vgmedal2.htm>. Upon request, a paper copy will be provided by the Personnel Office.

EQUAL OPPORTUNITY INSTITUTION

Heart of Georgia Technical College does not discriminate in its educational programs, contracting of goods and services, activities, or employment policies on the basis of age, race, color, ethnic or national origin, religion, gender, creed, marital status, political affiliation or belief, disability, disabled veteran or veteran of the Vietnam Era, or citizenship status (except in those special circumstances permitted or mandated by law).

Title II ADA: Section 504 of the Rehabilitation Act of 1973, contact:

Designee for Students: Special Needs Facilitator, (478) 274-7652

Designee for Personnel & Facilities: Human Resources Specialist, (478) 274-7934

Title IX of the Education Amendments of 1972, contact:

Designee: Director for Career Services (478) 274-7643

Civil Rights—Title VII of the Civil Rights Act of 1964, contact:

Designee for Students: Special Needs Facilitator, (478) 274-7652

Designee for Personnel & Facilities: Human Resources Specialist, (478) 274-7934.

ACCOMMODATIONS FOR APPLICANTS WITH DISABILITIES

Will you require special examination accommodations because of a disability? Yes No

If accommodations are required, PRIOR ARRANGEMENTS must be made with the Human Resources Office. In order to receive accommodations for testing or interview you must (1) tell the HR Specialist that you need an 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). You may contact the Human Resources Office at 478-274-7934 or humanresources@heartofgatech.edu

Heart of Georgia Technical College

PRE-EMPLOYMENT INQUIRY RELEASE
(CONFIDENTIAL)

I, _____, am giving Database Systems permission to perform a consumer report (to include, but not limited to, credit, MVR, or **criminal background** check) on my past history, now, and on future dates or an investigation consumer report may be made and forwarded to Heart of Georgia Technical College. I understand that by signing this release does not in any way constitute automatic employment with Heart of Georgia Technical College. All questions must be filled out completely and accurately. Incomplete or inaccurate information may lead to rejection of your application for a background search. Information found to be false can also lead to rejection of your application.

Applicant Name: _____
(First) (Middle) (Last) (Maiden)

Address: _____

City: _____ State: _____ Zip: _____

Please list your current county of residence. If you have not lived in your current county for the past seven years, also, list the other county (s) you have lived in during the last seven years along with your current one.

- 1) Current County _____ State _____
- 2) Previous County _____ State _____
- 3) Previous County _____ State _____
- 4) Previous County _____ State _____

Race: _____ Sex: M / F Drivers License#: _____ State: _____

Social Security Number: _____ Date of Birth: _____

Applicant's Signature _____

Criminal Felony and Misdemeanor (State or Nationwide or Federal for 7 years)

Education Verification

Employment Verification

Criminal Felony and Misdemeanor (County for 7 years)

Social Security Match and Verification

Sexual Predator Search

Credit Report

Address Search

MVR-Driver Record

Citizenship Right to work

Professional Licensure or Certification

Personal and Professional References

APO/UPO or Requestors Name: Donna D. McMiller

Department/Agency: Heart of Georgia Technical College Address: 560 Pinehill Road State: GA Zip Code: 31021

Phone number: (478) 274-7934 Email Address: dmcmler@heartofgatech.edu E-mail Results: Donna D. McMiller

*****Inquiry must have at least one Heart of Georgia Technical College Authorized Signatures below:**

OR

Donna D. McMiller, HR Coordinator

Beth Crumpton, Executive Vice President

Date

HEART OF GEORGIA TECHNICAL COLLEGE

Driver's History Consent and Acknowledgement

Before operating a vehicle for state business for the State of Georgia, employees must use this form to certify they are qualified to safely operate the vehicle. Employees who infrequently operate a vehicle for state business will be required to certify before each trip. Employees who routinely operate a vehicle for state business will be required to complete a new form every six (6) months.

By signing this form, I certify that I am qualified to safely operate a vehicle on state business. I specifically certify the following (please initial on each line):

- _____ I have a valid driver's license for operating a vehicle – a photocopy of which is attached.
- _____ I do not currently have 10 or more violation points on my driver history records.
- _____ I agree to use vision correction measures while operating a vehicle if required by my driver's license.
- _____ I do not currently have a health condition nor am I taking any medication or other substance that may impact my ability to safely operate a motor vehicle.
- _____ I agree to report any traffic citation, ticket, or warning that I receive while operating a vehicle on state business.
- _____ I have not had an "at fault" motor vehicle accident in the past six (6) months.
- _____ I do not have pending charge(s) or a conviction within the past six (6) months for any of the following offenses: Driving Under the Influence (DUI), Driving While Intoxicated (DWI), Leaving the Scene of an Accident, Refusal to take a Chemical Test for Intoxication, Aggressive Driving*, Exceeding the Speed Limit by more than 19 MPH*. Additionally, I agree to notify my immediate supervisor no later than the next business day using the Driver Notification Form if I am charged with one or more of the above referenced offense(s).
- _____ I agree to **notify my immediate supervisor and the HGTC Human Resources Coordinator of any changes involving the above initialed items before I operate a vehicle on state business.**
- _____ I agree to **notify my immediate supervisor and the HGTC Human Resources Coordinator using the Driver Notification Form if my license expires, is suspended or revoked by no later than the business day following notification of the license action.**

**Only if conviction would result in 10 or more violation points accumulated on the driver history.*

Print Full (Legal) Name	Sex	Date of Birth	Driver's License #

I hereby authorize the **HEART OF GEORGIA TECHNICAL COLLEGE** to receive a copy of my Georgia driver's history information (i.e., a Motor Vehicle Report) from the Georgia Department of Driver Services or comparable agency/department in my state of residence in conjunction with my application for employment or, if employed, for use relative to the performance of my official duties. I understand that my authorization shall remain in effect throughout my employment with the HGTC, the TCSG System office or any associated technical college and shall permit these entities to obtain this information at any time for any valid business reason or pursuant to any applicable TCSG State Board or HGTC policy or procedure.

Employee Signature	Date

Before submitting your application packet, please check to make sure you have included the following items. You do not have to return this checklist with your application packet.

- Letter of interest stating the position you wish to be considered for.
- Current resume
- Transcript Copies. See the job ad for degree requirements. For positions requiring a degree, transcript must be included in the hire packet. We do not require official transcripts when applying for a position, copies are acceptable.

NOTE: Current and former HGTC students applying for positions must obtain transcripts from the Registrar's office to include in the packet.

Please do not have transcripts sent from the institution attended direct to HGTC Personnel Office. HGTC will not assume the responsibility of putting employment packets together.

- License/Certifications. See job ad for requirements. Positions which do require license and certification copies which relate to the position include, but are **not** limited to the following:

Security	valid driver's license copy
Drivers Education Instructor	valid driver's license copy and 7-year MVR
Barbering/Cosmetology	current Barbering/Cosmetology license copy
Medical Areas	current Medical license and any other license/certifications applicable to the position
Automotive	ASE certification copy
Air Conditioning	EPA certification copy
Commercial Truck Driving	current valid CDL license copy and 7-year MVR
Diesel	ASE certification copy