

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.

If you need additional space for the "Employment Section," please see page 6 of this application.

| | | | | | |
|--------------------------------|-------|----------|--|------------|--------------------|
| 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.

| |
|--|
| |
| |
| |
| |

| | | | | | |
|--------------------------------|-------|----------|--|------------|--------------------|
| 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.

| |
|--|
| |
| |
| |
| |

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.

| | | | | | |
|---|-------|----------|--|------------|--------------------|
| 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. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | | | |
|---|-------|----------|--|------------|--------------------|
| 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. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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.

| | | | | | |
|--------------------------------|-------|----------|--|------------|--------------------|
| 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.

| | | | | | |
|--------------------------------|-------|----------|--|------------|--------------------|
| 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.

| | | | | |
|---|-----------------------------|----------------------------|--------------------|--------|
| EDUCATION: | | | | |
| High School Graduate or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No | Technical/Business School | No. of Months | Field of Study | |
| PLEASE LIST EXACT COLLEGE HOURS BELOW: | | | | |
| Name of College/University Attended | Degree Earned | Major | Minor | Degree |
| | Yes / No | | | |
| | Yes / No | | | |
| | Yes / No | | | |
| | Yes / No | | | |
| | Yes / No | | | |
| GEORGIA LICENSES AND CERTIFICATIONS: | | | | |
| Type of License/Certificate | Specialization/Endorsements | License/Certificate Number | Expiration (Mo/Yr) | |
| Commercial Driver's License (CDL) Class <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C | | | | |
| Other: | | | | |

| | | |
|--|--|--|
| 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 Technical College or TCSG work unit where they are employed: Technical College: _____ TCSG work unit: _____ | | |
| If "Yes," please provide the employee name: Relationship: _____ | | |
| Other Employment: Do you currently work for another State of Georgia Agency/Department in a Full-time or Part-time capacity? If "YES," please indicate the name of the agency/department and the position held: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you currently work in the Technical College System of Georgia (TCSG) System Office or for a Unit (Technical College) of the TCSG 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: | | |
| Retirees: Are you currently receiving retirement benefits from the State of Georgia (i.e. TRS, ERS, PSERS, LRS, or JRS)? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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). | | |

Veteran's Preference: Preference will be given to veterans and other persons eligible for veterans' preference as identified in State Personnel Board Rule 18, Paragraph 18.200, provided the individual's qualifications for the job he/she has applied for are equivalent to the most suitable non-veteran applicant for that same job. Preference does not apply in situations involving a promotion, demotion, or transfer to a different job.

| | | | |
|--------------------------|--|--------------------------|---|
| <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). |

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, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, veteran 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:

Sharon J. Veal
EEO Coordinator
Oconee Fall Line Technical College
1189 Deepstep Road
Sandersville, GA 31082
Tel: 478.553.2056, Room 108

Johnnie Edge
Equity Coordinator – North Campus
Oconee Fall Line Technical College
1189 Deepstep Road
Sandersville, GA 31082
Tel: 478.553.2124, Room 204B

Lydia Barfoot
Equity Coordinator – South Campus
Oconee Fall Line Technical College
560 Pinehill Road
Dublin, GA 31021
Tel. 478.274.7786, Room 113-E

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? Yes No
If "No" please check below all races that apply.

Please check if you do not wish to self-identify.

Race:

- 1) American Indian or Alaskan Native
- 2) Asian
- 3) Black or African American
- 4) Native Hawaiian or Other Pacific Islander
- 5) White
- 6) Two or more races

Gender:

- Male
- Female



Oconee Fall Line 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 Oconee Fall Line Technical College. I understand that by signing this release does not in any way constitute automatic employment with Oconee Fall Line 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 _____ Telephone: () _____ - _____
2) Previous County _____ State _____
3) Previous County _____ State _____

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

Social Security Number: _____ Date of Birth: _____

Applicant's Signature _____

- [X] Criminal Felony and Misdemeanor (State or Nationwide or Federal for 7 years)
[] Education Verification
[] Employment Verification
[] Criminal Felony and Misdemeanor (County for 7 years)
[X] Social Security Match and Verification
[] Sexual Predator Search
[] Credit Report
[] Address Search
[X] 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: Oconee Fall Line Technical College Address: 560 Pinehill Road State: GA Zip Code: 31021
Phone number: (478) 274-7934 Email Address: dmcmliller@oftc.edu E-mail Results: Donna D. McMiller

***Inquiry must have at least one Oconee Fall Line Technical College Authorized Signatures below:

____ OR _____
Donna D. McMiller, HR Coordinator Sharon J. Veal, Director of HR Date