



Clinton Junior College

1029 Crawford Rd.
Rock Hill, SC 29730
Phone 803-327-7402

Employment Application

For Office Use Only:

Rcvd by: _____

Date Rcvd: _____

Interview Date & Time: _____

Final Disposition: _____

APPLICANT INFORMATION

Position Applied for: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Other Names by which you have been known (for date verification and reference checks):

Social Security Number: ____/____/____ Date of Birth: ____/____/____

Home Phone: ____-____-____ Cell Phone: ____-____-____ Email Address: _____

Permanent Address: _____

City: _____ State: _____ Zip Code: _____

Previous Address (if current address is less than 5 years): _____

City: _____ State: _____ Zip Code: _____

Are you a Citizen of the United States? _____ yes _____ no

If no, are you authorized to work in the U.S.? _____ yes _____ no

Have you ever worked for Clinton Junior College? _____ yes _____ no If yes, when? _____

What position did you hold previously at CJC _____ Reason for leaving? _____

Have you ever been convicted of a felony? _____ yes _____ no

If yes, explain: _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____

EDUCATION AND TRAINING

If your resume is attached to this application, please check here: _____

Please list all educational experiences/trainings. If applying for an academic position, you will be required to submit transcripts and copies of your thesis or dissertations.

Only list educational and certified training experiences below

Level	Name of Institution, City/State	Dates of Attendance	Major	Degree Earned
High School				
Undergraduate				
Graduate				
Doctorate				
Trade or Business				
Other:				

Please list any special skills or abilities that will aid you in this position:

Do you have any disabilities or impairments? yes no

If yes, please list: _____

PROFESSIONAL REFERENCES

1.) Name: _____ Professional Relationship: _____

Phone Number: ____ - ____ - ____ Email Address: _____

2.) Name: _____ Professional Relationship: _____

Phone Number: ____ - ____ - ____ Email Address: _____

3.) Name: _____ Professional Relationship: _____

Phone Number: ____ - ____ - ____ Email Address: _____

