



OKEFENOKEE TECHNICAL COLLEGE

WAYCROSS CAMPUS • 1701 CARSWELL AVE. • WAYCROSS, GA 31503 • PHONE (912) 287-6584 • FAX (912) 287-4865
ALMA CAMPUS • 426 WEST 12TH ST. • ALMA, GA 31510 • (912) 632-0951 • FAX (912) 632-0952
TOLL FREE 1-877-332-8682 • www.okefenokeetech.edu

APPLICATION FOR EMPLOYMENT

PERSONAL

Name _____ Date _____
Last First Middle

Street Address _____ Social Security # _____

City, State, Zip _____ E-mail _____

Home Telephone _____ Business Telephone _____

Have you ever been employed with us? Yes No If yes, date of service: _____

Position for which you are applying: _____ Are you of the legal age to work? Yes No

Are you applying for: Full-time Part-time When will you be available to begin work? _____

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

Are you related to any person employed at OTC? Yes No If yes, please state name and relationship. _____

COMPLETE THE FOLLOWING OR ATTACH A RESUME

EDUCATION

School	Name and Location of School	Degree or Diploma Awarded	Major/Minor	Date Completed
College	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
Other Post-secondary	_____	_____	_____	_____
	_____	_____	_____	_____
High School	_____	_____	_____	_____
	_____	_____	_____	_____

RELATED CERTIFICATIONS OR LICENSES List certificates or licenses relevant to the position.

PROFESSIONAL/CIVIC ORGANIZATIONS/COMMUNITY SERVICE

List membership in professional or civic organizations *(exclude those which may disclose your race, color, religion or national origin)*; identify community service experience.

MILITARY

Did you serve in the U.S. Armed Forces? Yes No If yes, in what branch? _____ Dates _____

EMPLOYMENT Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

Company/Agency/Institution _____	Telephone _____
Address _____	Name of Supervisor _____
Employed (Month and Year) From _____ To _____	Salary: Start _____ Last _____
Job Title and Work Experience _____	
Reason for Leaving _____	
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Company/Agency/Institution _____	Telephone _____
Address _____	Name of Supervisor _____
Employed (Month and Year) From _____ To _____	Salary: Start _____ Last _____
Job Title and Work Experience _____	
Reason for Leaving _____	
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Company/Agency/Institution _____	Telephone _____
Address _____	Name of Supervisor _____
Employed (Month and Year) From _____ To _____	Salary: Start _____ Last _____
Job Title and Work Experience _____	
Reason for Leaving _____	

May we contact the employers listed above unless you indicate those you do not want us to contact? Yes No Initial _____

Do not contact the following employers: _____

Reason: _____

AFFIRMATION: I understand that my employment at Okefenokee Technical College is contingent upon the accuracy of the information contained herein, and that if employed, the information given with this application will become part of my record.

Date _____ Signature of Applicant _____

Okefenokee Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). For employment grievances, contact the OTC Human Resources Coordinator, 912.287.6584 or 1701 Carswell Avenue, Waycross, GA 31503.