



Name	Position #	Date
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Only applications received by 5:00 p.m. on the position closing date will be considered for employment.

- **A resume may be attached to, but not substituted for, a fully completed application. This application must be filled out in detail or it may not be considered.**
- The completed and signed application, as well as all required supporting materials, must be received before you are considered for the applicant pool.
- Daytona State College prohibits discrimination and assures equal opportunity in employment and education services to all individuals without regard to age, ancestry, belief, color, disability, ethnicity, genetic information, gender, marital status, national origin, political affiliation, race, religion, sex, and veteran status. For more details, read our policy at this site <http://www.daytonastate.edu/hr/equalaccess.html> or contact: Lonnie Thompson, Director of Equity and Inclusion at 386-506-3973 or 1200 W. International Speedway Blvd., Daytona Beach, Fl. 32114.
- Reasonable accommodations are available to applicants with disabilities during the application and interview process. To request accommodations, contact (386) 506-4505.
- **Please note that if transmitting electronically, a signature is still required if interviewed.**
- **Please answer the following question:** Are you one of the following:
 - US Citizen • Lawful Permanent Resident • Refugee • Asylee • Temporary Resident Yes No – If no, what is the basis of your employment authorization: _____
 If you are hired, you will be required to provide proof of employment eligibility **before your first day of employment.**
- **Do you have any relatives working for Daytona State College?** Yes No
 If YES, Name of relative: _____ Relationship: _____
- **Are you currently employed on a Daytona State College Campus?**
 - No Yes – If Yes, please select the appropriate status: Full-Time Employee Part-Time Employee Adjunct Faculty Tri-State Employee Student Employee

PERSONAL INFORMATION				
Name: Last:	First:	M.I.:	Day Phone # ()	
Address: Street:			Eve. Phone # ()	
City:	State:	Zip:	Cell Phone # ()	
E-mail Address:				

EDUCATION: Please check highest education completed:									
High School	<input type="checkbox"/>	Associate degree	<input type="checkbox"/>	Bachelor	<input type="checkbox"/>	Master	<input type="checkbox"/>	Doctorate	<input type="checkbox"/>
School	Name / Location	Graduate	Academic Degree	Major	Minor				
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No							
Junior/Community College(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No							
College(s) and/or University(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No							
Graduate and/or Professional		<input type="checkbox"/> Yes <input type="checkbox"/> No							
Other Ed. Voc. Tech School(s)		<input type="checkbox"/> Yes <input type="checkbox"/> No							

Transcripts: During the application process, photocopies of transcripts must be submitted. If hired, the college requires official transcripts from each institution attended upon employment.

SKILLS / LICENSES / CERTIFICATIONS
Use this space to indicate any professional or occupational licensure, registration or certification (e.g. Florida Teaching Certificate, Florida Chauffeur's License, Registered Nurse Certificate, etc.) you currently hold or any special knowledge, skills, or abilities (e.g. typing, word processing, shorthand, computer use) you possess. If licensure, certification or driver's license is required (noted on the position vacancy announcement), a copy of the document must be submitted if hired.

EMPLOYMENT HISTORY

Describe your work experience, beginning with your current or most recent job. Use a separate block to describe each position. Include military service and volunteer work, if applicable. Use separate sheets if needed. **Explain any gaps in your employment history.** May we contact your present employer? Yes No
If recommended for hire, what is the earliest date you are available?

1. Name of Present or Last Employer:

Address: _____

Your Job Title: _____ Part-Time or Full-Time

FROM: Month/Day/Year / / Hours per week: _____

TO: Month/Day/Year / / Annual Salary / Hourly Rate: Starting: \$ / Ending: \$

Supervisor's Name: _____ Phone: ()

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

2. Name of Previous Employer:

Address: _____

Your Job Title: _____ Part-Time or Full-Time

FROM: Month/Day/Year / / Hours per week: _____

TO: Month/Day/Year / / Annual Salary / Hourly Rate: Starting: \$ / Ending: \$

Supervisor's Name: _____ Phone: ()

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

3. Name of Previous Employer:

Address: _____

Your Job Title: _____ Part-Time or Full-Time

FROM: Month/Day/Year / / Hours per week: _____

TO: Month/Day/Year / / Annual Salary / Hourly Rate: Starting: \$ / Ending: \$

Supervisor's Name: _____ Phone: ()

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

4. Name of Previous Employer:

Address: _____

Your Job Title: _____ Part-Time or Full-Time

FROM: Month/Day/Year / / Hours per week: _____

TO: Month/Day/Year / / Annual Salary / Hourly Rate: Starting: \$ / Ending: \$

Supervisor's Name: _____ Phone: ()

Duties and Responsibilities: _____

Reason(s) for Leaving: _____

EMPLOYMENT HISTORY/TEACHING **Applicable** **Not Applicable**

Describe your teaching experience, beginning with your current or most recent job. Use a separate block to describe each position. Use separate sheets if needed.

Has your teaching certificate ever been suspended or revoked? YES NO.

If yes, explain:

May we contact your present employer? YES NO. If recommended for hire, what is the earliest date you are available?

1. Name of Educational Institution:

Mailing Address:

Supervisor's Name:

Phone: ()

Grade / Subject Taught	Dates Taught	MO/YR - MO/YR	Part Time	Full Time
		-	<input type="checkbox"/>	<input type="checkbox"/>
		-	<input type="checkbox"/>	<input type="checkbox"/>
		-	<input type="checkbox"/>	<input type="checkbox"/>

Annual Salary / Hourly Rate: Starting: \$ Ending: \$

Reason(s) for Leaving:

2. Name of Educational Institution:

Mailing Address:

Supervisor's Name:

Phone: ()

Grade / Subject Taught	Dates Taught	MO/YR - MO/YR	Part Time	Full Time
		-	<input type="checkbox"/>	<input type="checkbox"/>
		-	<input type="checkbox"/>	<input type="checkbox"/>
		-	<input type="checkbox"/>	<input type="checkbox"/>

Annual Salary / Hourly Rate: Starting: \$ Ending: \$

Reason(s) for Leaving:

3. Name of Educational Institution:

Mailing Address:

Supervisor's Name:

Phone: ()

Grade / Subject Taught	Dates Taught	MO/YR - MO/YR	Part Time	Full Time
		-	<input type="checkbox"/>	<input type="checkbox"/>
		-	<input type="checkbox"/>	<input type="checkbox"/>
		-	<input type="checkbox"/>	<input type="checkbox"/>

Annual Salary / Hourly Rate: Starting: \$ Ending: \$

Reason(s) for Leaving:

4. Name of Educational Institution:

Mailing Address:

Supervisor's Name:

Phone: ()

Grade / Subject Taught	Dates Taught	MO/YR - MO/YR	Part Time	Full Time
		-	<input type="checkbox"/>	<input type="checkbox"/>
		-	<input type="checkbox"/>	<input type="checkbox"/>
		-	<input type="checkbox"/>	<input type="checkbox"/>

Annual Salary / Hourly Rate: Starting: \$ Ending: \$

Reason(s) for Leaving:

VETERANS' PREFERENCE

Do you wish to apply for veteran's preference in the state of Florida? No Yes – If Yes, please check your status below:

A disabled veteran who is eligible for or receiving compensation under public laws administered by the U.S. Veterans Affairs and the Department of Defense

The spouse of a veteran who cannot qualify for employment because of a total and permanent service-connected disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power.

A Veteran of any war or who has served on active duty of one day or more during the wartime era, to include any veteran who served in Operation Enduring Freedom or Operation Iraqi Freedom.

The un-remarried widow or widower of a veteran who died of a service-connected disability.

A veteran who has served in a campaign or expedition for which a qualifying campaign badge has been authorized or any Armed Forces Expeditionary Medal or the Global War on Terrorism Expeditionary Medal.

Applicants who wish to claim Veterans' Preference must complete the Veterans' Preference Claim Form and supply a DD214 or other appropriate supporting documents specifically for this position prior to position closing date.

CRIMINAL HISTORY

Have you ever been convicted of a crime, found guilty, or entered a plea of nolo contendere (no contest) even if adjudication was withheld?
 YES NO

If yes, you must give complete details for each charge below. Your answer to this question will be checked against local, state and federal records. An affirmative answer will not necessarily disqualify you from consideration; however, failure to answer this question completely and accurately could cause denial of employment or termination.

WHERE CONVICTED	DATE (S)	NATURE OF CHARGE (S)	DISPOSITION (S)

OTHER INFORMATION

1. Have you ever been employed by this College? YES NO

If yes, what department?

Date From:

To:

Your name at that time:

2. Are you a current or former law enforcement officer, other employee** or the spouse or child of one, who is exempt from public records disclosure under §119.07, F.S.? YES NO

3. What source attracted you to Daytona State College? Daytona State College Website Job Line Newspaper * Other Website *

Publication * Word of Mouth * Please Specify Source _____

List three employment related professional references:

Name	Title	Organization	Telephone Number
1.			()
2.			()
3.			()

APPLICANT CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Employment Application and any additional information (written or oral) provided by the applicant are true and complete to the best of my knowledge. I understand that if I am employed, false statements and/or omissions will result in my dismissal. I understand that this application must be filled out in its entirety and all supporting materials received before I am considered for the applicant pool. A resume may be attached to, but not substituted for, a completed application. **Electronic submissions are required to be signed if interviewed.**

I understand that I must submit documents at the time of hire for proof of citizenship, or documents that establish identity and employment eligibility. Also I must provide within 30 days of date of hire official transcripts for all educational institutions attended.

I authorize the college to investigate my background and to obtain information concerning my ability and desirability as a prospective employee. In connection with this investigation, I authorize my former employers to release to the college, without liability, any information in their possession relevant to my past performance as their employee.

I understand that if I am accepted for this position I may be required to undergo pre-employment drug testing and the test results must provide satisfactory results in order to be employed.

Signature: _____

Date: _____

** Other covered jobs include: correctional and correctional probation officers, firefighters, certain judges, assistant state attorneys, state attorneys, assistant and statewide prosecutors, personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement, and certain investigators in the Department of Children and Families [see §119.07, F.S.].

Daytona State College, Human Resources Department

1200 W. International Speedway Blvd., P.O. Box 2811, Daytona Beach, Florida 32120-2811

Website: <http://www.DaytonaState.edu> Telephone: 386.506.4505

TDD Connection: 386.506.3238



**APPLICATION ADDENDUM B
ADJUNCT FACULTY APPLICANTS ONLY**

SOCIAL SECURITY ALTERNATIVE PLAN

I understand that I must participate in a mandatory plan as an alternative to Social Security Contributions. I agree that 7.5% of my salary will be deducted on a pre-tax basis and deposited in an individual tax sheltered annuity account in lieu of the 6.2% contribution to the FICA portion of Social Security.

TEMPORARY POSITIONS

I understand that I am filling a temporary position at Daytona State College without benefits and that I cannot claim participation in the Florida Retirement System based on this temporary employment. I understand that there is no expectation of continued employment.

PRINT YOUR NAME: _____

SIGNATURE: _____ DATE: _____



Application Addendum A

ALL APPLICANTS

(Removed From Application Prior to Review)

EEO INFORMATION

Daytona State College is committed to providing equal employment opportunities and diversity in the workplace. Completion of EEO information is voluntary; however, we request your assistance in providing this information. This information will help us to evaluate our equal employment efforts, and will assist in compliance with state and federal reporting. The information is confidential and will not be used to evaluate the application. For additional information please contact our Director of Equity & Inclusion, Lonnie Thompson at (386) 506-3973.

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Identify your race (Choose one or more): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White
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HARASSMENT POLICY

It is a college policy that every employee is allowed to work in an environment free from any form of harassment. The College is committed to prevention of harassment and, if it occurs, to take swift and appropriate action. I agree to participate in the College provided harassment training.

DRUG/ALCOHOL POLICY

Any college employee who is convicted for a drug- or alcohol-related offense which occurred on campus, while in attendance at any college-sponsored event, or while conducting authorized college business, will be sanctioned up to and including suspension or termination from college employment. This includes possession, selling, purchasing, delivery, use (including being under the influence of), manufacturing or distribution of illegal drugs, alcohol or controlled substances. I agree to submit to drug or alcohol testing under reasonable suspicion in accordance with college policy.

CRIME STATISTICS

The Daytona State College Annual Campus Crime Statistics and Security Policies can be accessed on the Internet at http://www.DaytonaState.edu/campus_safety/index.html or you can obtain a copy from the Campus Safety Department, which is located in Building 540. The report contains statistics of criminal offenses that occurred on Daytona State College property for the past three years.

DIRECT DEPOSIT

As a condition of employment, you must participate in the Electronic Funds Program for direct deposit of your payroll earnings. Direct deposit of your net earnings is made into your checking or savings account at the financial institution (bank, credit union, or savings and loan) of your choice. I agree to participate in the direct deposit program.

PRINT YOUR NAME: _____

SIGNATURE: _____

DATE: _____



VETERANS' PREFERENCE CLAIM FORM

Instructions: Complete ONLY if you are claiming Veterans' Preference.

Subsection 1.01(14) Florida Statute defines the term "Veteran" as one who has served in the active military and who is discharged UNDER HONORABLE conditions ONLY, or who later received an upgraded discharge UNDER HONORABLE conditions, notwithstanding any action by the Department of Veterans' Affairs on individuals discharged or released with "Other than Honorable" discharges.

To receive consideration as a wartime veteran, a veteran must have served during one of the following periods of wartime service

WARTIME ERAS: For the purpose of determining Veterans' preference, wartime era is limited to the following time periods: Please check the appropriate statement as it applies to you:

- October 7, 2001 to date to be determined (Operation Enduring Freedom)*
- March 19, 2003 to date to be determined (Operation Iraqi Freedom)*
- August 2, 1990 to January 2, 1992 (Persian Gulf War)
- February 28, 1961 to May 7, 1975 (Vietnam)
- June 27, 1950 to January 31, 1955 (Korea)
- December 7, 1941 to December 31, 1946 (WWII)

*Any veteran who served honorably but who has not met the criteria for the award of a campaign or expeditionary medal for service in Operation Enduring Freedom or Operation Iraqi Freedom qualifies for preference in appointment.

(DOCUMENTATION OF SUCH SERVICE MUST BE PROVIDED PRIOR TO THIS POSITION CLOSING DATE):

IMPORTANT NOTICE:

In accordance with the rules of the Florida Department of Veterans' Affairs, Chapter 55A-7, Veterans' Preference in Appointment and Retention in Employment and Florida law, preference in appointment and employment shall be given by the state and its political subdivisions, first to those persons included in categories 1 and 2 and second to those persons included under categories, 3, 4 and 5 (as shown on the application). Preference in appointment and employment requires that a preferred applicant be given special consideration at each step of the employment selection process, but does not require the employment of a preferred applicant over a non-preferred applicant.

An applicant eligible for Veterans' preference who believes he or she was not afforded employment preference in accordance with the rules may file a complaint with the Department of Veterans' Affairs at 11351 Ulmerton Road, Largo, Florida 33778, requesting an investigation. When the applicant has received notice of a hiring decision from a covered employer, the complaint shall be filed within 21 calendar days from the date that the notice is received by the applicant (postal time will be considered no more than 5 days from the date the notice was mailed by the employer). When the applicant has not received notice of a hiring decision within two calendar months of the receipt of the application by the employer, the applicant shall contact the employer to determine if the position has been filled by a non-preferred applicant. After having determined from information supplied by the employer that the position has been filled by the appointment of a non-preferred applicant, the preferred applicant may file a complaint within 3 calendar months of the date the application was received by the employer. If the position has not been filled, the time period for filing a complaint is extended to provide the preferred applicant one calendar month after having determined that the position has not been filled. It is the responsibility of the preferred applicant to maintain contact with the employer to determine if the position has been filled.

For additional information on Veterans' preference, the following link is provided as a public service:
<http://www.floridavets.org/benefits/veteranspref.asp>

A STATEMENT OF DISABILITY CERTIFICATION FROM THE DEPARTMENT OF VETERANS' AFFAIRS MUST BE SUBMITTED PRIOR TO POSITION CLOSING DATE.

Yes No Are you a resident of the State of Florida? (Veterans' Preference is only available to Florida residents).

The following positions are exempt from Veterans' preference provisions; positions filed by officers elected by popular vote, members of boards and commissions, or persons selected to fill administrative vacancies such as department or division heads, faculty positions, and persons employed on a temporary basis without benefits.

I have read and understand my rights and responsibilities as they pertain to Veterans' Preference in employment.

Signature: _____ DATE: _____