



A unit of the Georgia Department of Technical and Adult Education

## Application for Employment

PLEASE RETURN COMPLETED APPLICATION IN PERSON OR VIA MAIL TO:

*Human Resources Department*  
Middle Georgia Technical College  
80 Cohen Walker Drive  
Warner Robins GA 31088

**Application packets are not accepted by fax.**

*Middle Georgia Technical College is committed to focusing on the best qualified applicants for our openings. To ensure applicants receive the attention and consideration they deserve, we require that all persons interested in a position with Middle 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:**

- MGTC Application Resume not accepted in lieu of MGTC 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 school(s) attended direct to MGTC.

- Copies of any licenses/certificates pertaining to the position

Application packets for full time employment are accepted for open positions only. Application packets for adjunct 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.***

**MIDDLE GEORGIA TECHNICAL COLLEGE IS AN EQUAL OPPORTUNITY EMPLOYER**

*Revised May 2006*



Have you been employed with Middle Georgia Technical College before:  Yes  No

If yes: Dates, position and name employed by if different than current name: \_\_\_\_\_

**SKILLS: Check any which apply to you.**

- Data Entry  Sign Language  GA Peace Officer Training  Multilingual  
 Typing \_\_\_\_\_ WPM

Languages spoken other than English:

- Computer Skills:**  Access  Excel  MSWord  Power Point  People Soft  BANNER  
 Other (Please specify below)

**EDUCATION:**

Transcript copies are required when applying for all instructional positions and administrative positions. For other positions please see the MGTC 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 employee. Do not have transcripts sent direct to MGTC 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 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> CDL		
Other:			

**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.

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
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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.


**EQUAL EMPLOYMENT OPPORTUNITY MONITORING INFORMATION**

The information you give on this page is used by the Georgia Department of Technical and Adult Education to comply with Federal guidelines for monitoring the equal employment opportunity efforts of the State of Georgia. Please complete each block in this section.

Last Name		First Name		Middle Initial/Maiden Name				
<b>Ethnic Background (Check One)</b>				<b>Gender</b>		<b>Birth Date</b>		
1. <input type="checkbox"/> Native American		4. <input type="checkbox"/> White, not of Hispanic origin		<input type="checkbox"/> Male		MO	DAY	YR
2. <input type="checkbox"/> Hispanic		5. <input type="checkbox"/> Black, not of Hispanic origin		<input type="checkbox"/> Female				
3. <input type="checkbox"/> Asian/Pacific Islander		6. <input type="checkbox"/> Multi-racial						

**ACCOMMODATIONS FOR APPLICANTS WITH DISABILITIES**

Do you require special examination accommodations because of a disability? If so, attach a note to this application asking us to call. **PRIOR ARRANGEMENTS ARE NECESSARY.** Note that in order to receive accommodations for testing or interview you must (1) tell the DTAE agency that 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 DTAE agency).

Do you have any relatives employed by the Department of Technical and Adult Education?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>(Please indicate below the college or DTAE department where they are employed.)</i>			
Technical College:			
DTAE Department:			
If Yes, give employee name:		Relationship:	