



WALTERS STATE  
COMMUNITY COLLEGE

Morristown, Tennessee 37813-6899  
An Equal Opportunity/Affirmative Action Employer

ADJUNCT FACULTY APPLICATION

(Please type or print plainly and return to Instructional Department for Educator Advancement and Success)

Date:

Discipline(s) in which you are interested in teaching:

1.  
2.  
3.

1. Name: last first middle maiden (if shown on school or employment records)

2. Mailing Address: street city state zip code

Telephone: Home: Other:

E-Mail Address: Home:

3. Availability Recap:

Will you teach evening or night classes? No Yes Will you teach off-campus classes? No Yes

Date available?

ANSWER ALL SECTIONS CAREFULLY AND COMPLETELY. DO NOT USE "SEE RESUME OR OTHER DOCUMENTS."  
ALL STATEMENTS MADE IN THIS APPLICATION MAY BE VERIFIED.

4. Educational Background:

Last high school attended: Address:

Names and Addresses of Colleges or Universities Attended	Dates Attended		Field of Study or Area of Concentration		Type of Degree Obtained & Date	Total Semester Hrs.
	From	To	Major	Minor		

5. Experience: Use a separate block for each position. Start with your present position and work back, explaining clearly the principal tasks which you performed in each position, accounting for all periods of employment. Use additional pages if further space is needed.

If you have never been employed or are now unemployed, indicate that fact in the space provided below:

Do you have objections to your present employer being contacted prior to the time of interview?

No    Yes    NA

Your Title				Name and Title of Immediate Supervisor		
Firm Name				Address/Phone		
Length of Employment		Total		Annual Salary	9 months/ 12 months	Reason for Leaving
From	To	Years	Months			
Duties						

Your Title				Name and Title of Immediate Supervisor		
Firm Name				Address/Phone		
Length of Employment		Total		Annual Salary	9 months/ 12 months	Reason for Leaving
From	To	Years	Months			
Duties						

Your Title				Name and Title of Immediate Supervisor		
Firm Name				Address/Phone		
Length of Employment		Total		Annual Salary	9 months/ 12 months	Reason for Leaving
From	To	Years	Months			
Duties						

Your Title				Name and Title of Immediate Supervisor		
Firm Name				Address/Phone		
Length of Employment		Total		Annual Salary	9 months/ 12 months	Reason for Leaving
From	To	Years	Months			
Duties						

Your Title				Name and Title of Immediate Supervisor		
Firm Name				Address/Phone		
Length of Employment		Total		Annual Salary	9 months/ 12 months	Reason for Leaving
From	To	Years	Months			
Duties						

6. Autobiographical Statement (Required of ALL faculty positions). Write a statement concerning your personal background including some noteworthy experience you have had or interesting activity in which you have been engaged within the last five years. Attach additional pages if necessary.

7. Professional Publications: \_\_\_\_\_

8. Professional Associations: \_\_\_\_\_

9. Are you a current or previous employee of the State of Tennessee or Tennessee Board of Regents:    No    Yes  
If "Yes" please provide information below:

From		To		Department or Agency
Month	Year	Month	Year	

10. Relatives currently employed at Walters State Community College:    None    Yes (if "yes", list name, position and relationship:

11. Are you legally eligible to work in the U.S.?    No    Yes

12. Will you now, or in the future, require visa or H1B Sponsorship?    No    Yes

13. Do you have a valid driver's license?    No    Yes

14. Have you ever been dismissed from employment for cause?    No    Yes If "yes", please explain:

15. Are you required to register as a sex offender under TCA Title 40, Chapter 39, Part 2?    No    Yes

Because TCA 40-39-211 prohibits sex offenders required to register under TCA Title 40, Chapter 39, Part 2 from knowingly accepting employment within one thousand feet (1,000') of the property line of any public school, private or parochial school, licensed day care center, other child care facility, public park, playground recreation center or public athletic field available for use by the general public, registered sex offenders are not eligible for employment at many TBR institutions.

16. **REFERENCES:** List below at least four references not related to you who have first hand knowledge of your character, personality, scholarship, and qualifications.

Name and Position	Address	Telephone

17. **ATTACHMENTS: A resume may be attached but MAY NOT be used in lieu of application.**

18. This application will not be considered complete until official transcripts covering college or university work have been received by Instructional Department for Educator Advancement and Success. **Unofficial copies of transcripts are acceptable for applicant processing purposes.**

## RELEASE OF INFORMATION TO WALTERS STATE COMMUNITY COLLEGE

19. **CERTIFICATION OF APPLICATION:** I hereby certify that all information contained in this application is true, complete and accurate to the best of my knowledge. I also authorize any necessary investigations and the release of transcripts and other personal information relative to my employment. Documents obtained become subject to the Tennessee Public Records Act, A.C.A. 10-7-101, et. seq. I understand that misrepresentation of this information may subject me to disqualification for compensation for any job or to termination of employment if employed by any agency of Tennessee State Government.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please address all correspondence concerning employment to:

**IDEAS**  
**Walters State Community College**  
**500 S. Davy Crockett Parkway**  
**Morristown, TN 37813-6899**  
**423-585-6996 ● Fax: 423-585-6917**

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Walters State Community College does not discriminate against students, employees, or applicants for admission or employment on the basis of race, color, religion, creed, national origin, sex, sexual orientation, gender identity/expression, disability, age, status as a protected veteran, genetic information, or any other legally protected class with respect to all employment, programs and activities sponsored by Walters State Community College. The following person has been designated to handle inquiries regarding non-discrimination policies:

**Name and/or Title:** Jarvis Jennings  
**Email Address:** Jarvis.Jennings@ws.edu  
**Address:** 500 S. Davy Crockett Parkway, Morristown, TN 37813-6899  
**Telephone Number:** 423-585-6845

Walters State Community College's policy on nondiscrimination can be found at [www.ws.edu](http://www.ws.edu).



# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number: 1250-0005  
Expires 1/31/17

## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities'. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple Sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

## Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

**Voluntary Self Identification of Disability:**

Yes, I have a disability (or previously had a disability)  
No, I do not have a disability  
I do not wish to answer

**Your Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

# Voluntary Self-Identification of Protected Veteran Status

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

These classifications are defined as follows:

- A **“disabled veteran”** is one of the following:
  - A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - A person who was discharged or released from active duty because of a service-connected disability.
- A **“recently separated veteran”** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An **“active duty wartime or campaign badge veteran”** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An **“Armed Forces service medal veteran”** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA. Your decision to provide the relevant information is purely voluntary on your part, and refusal to provide such information will not subject you to any adverse treatment. The information will not be used in a manner inconsistent with VEVRAA, as amended.

The information will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

**Voluntary Self Identification of Protected  
Veteran Status:**

I identify as one or more of the classifications of protected  
veteran listed above.

I am not a protected veteran.

I do not wish to answer.

**Your Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_



**WALTERS STATE**  
COMMUNITY COLLEGE

**FAIR CREDIT REPORTING ACT  
DISCLOSURE AND AUTHORIZATION FORM**

Walters State Community College may request, or has decided to request, a consumer report to be obtained from a consumer reporting agency to assist in making a decision pertaining to your application for employment, or your promotion, reclassification, transfer or retention as an employee at Walters State.

You are considered a “consumer” under the Fair Credit Reporting Act and have certain rights thereunder. A “consumer reporting agency” is a person or business that, for monetary fees, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports. A “consumer report” is any written, oral, or other communication of any information by a consumer reporting agency concerning a consumer’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer’s eligibility for employment purposes.

The information requested may include, but not be limited to, verification of identification and/or Social Security number; checks of criminal history, if any; verification of employment, education, credentials or licenses held by you; and credit history. Any information contained in such reports may be taken into consideration in evaluating your suitability for employment, promotion, reclassification, transfer or retention as an employee.

By your signature below, you indicate that you authorize and consent to the release of consumer reports to Walters State to be used in connection with your application for employment, promotion, reclassification, transfer or retention at Walters State. If you fail or refuse to execute this document, no further consideration be given to your application for employment, promotion, reassignment or retention as an employee.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_