

## EMPLOYMENT APPLICATION FOR CEWD ADJUNCT FACULTY

**FAX:** 410-777-4325 | **MAIL:** 101 College Parkway, Attn. ISC - CALT 115, Arnold, MD 21012-1895

**DIRECTIONS:** Complete each item and answer all questions on the application. A resume may supplement the application but may not be a substitute. Print clearly using black ink.

**Check all types of faculty employment desired:**

Day    Evening    Online    Weekend

**For which subjects/departments are you applying to teach?**

*Anne Arundel Community College is an Equal Opportunity Employer and does not discriminate against any employee or applicant on the basis of race, color, religion, ethnicity, gender, sexual orientation, age, veteran status or disability. We are committed to the power of diversity and the strength it brings to the workplace.*

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### PERSONAL INFORMATION

Name Last	First	Middle Initial	Primary Telephone
Street Address			Alternate Telephone
City	State	Zip Code	Email Address
Are you a U.S. citizen? If no, are you otherwise authorized to work in the United States on an unrestricted basis? <input type="checkbox"/> Yes <input type="checkbox"/> No   Type of Visa: _____   Exp. Date: _____			Are you over 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No

### EDUCATION (The college reserves the right to request official copies of your transcripts/certifications.)

Name	Location	Diploma/Degree & Date or Total Credit Hours Earned	Major Subject(s)
Indicate the title(s) of your Master's and/or Doctorate thesis:			
<i>List additional training, licenses or certificates which may have a bearing on your qualifications for employment.</i>			
Training/Certificate Received	Location/Institution	Dates	# of Hours

**INSTRUCTIONAL EXPERIENCE:** List all instructional positions in chronological order, starting with most recent; include full and part-time.

Institution (Name & Address):	DATES (Month/Year) Start date: End date:	IF PART-TIME Total mtg. hours:	SALARY/RATE Start: Final:
Telephone Number:	Course titles & descriptions:		
Name & Title of Immediate Manager:			
Reason for Leaving:			
Institution (Name & Address):	DATES (Month/Year) Start date: End date:	IF PART-TIME Total mtg. hours:	SALARY/RATE Start: Final:
Telephone Number:	Course titles & descriptions:		
Name & Title of Immediate Manager:			
Reason for Leaving:			
Institution (Name & Address):	DATES (Month/Year) Start date: End date:	IF PART-TIME Total mtg. hours:	SALARY/RATE Start: Final:
Telephone Number:	Course titles & descriptions:		
Name & Title of Immediate Manager:			
Reason for Leaving:			
Institution (Name & Address):	DATES (Month/Year) Start date: End date:	IF PART-TIME Total mtg. hours:	SALARY/RATE Start: Final:
Telephone Number:	Course titles & descriptions:		
Name & Title of Immediate Manager:			
Reason for Leaving:			
Institution (Name & Address):	DATES (Month/Year) Start date: End date:	IF PART-TIME Total mtg. hours:	SALARY/RATE Start: Final:
Telephone Number:	Course titles & descriptions:		
Name & Title of Immediate Manager:			
Reason for Leaving:			

**OTHER RELEVANT EXPERIENCE:** List all positions in chronological order, starting with most recent. Please describe any other experience, which has prepared you to teach your proposed subject(s). Include any volunteer work and the number of years of your experience.

Institution (Name & Address):	DATES (Month/Year) Start date: End date:	IF PART-TIME Hours/week:	SALARY/RATE Start: Final:
Telephone Number:	Position Title & Major Duties:		
Name & Title of Immediate Manager:			
Reason for Leaving:			
Institution (Name & Address):	DATES (Month/Year) Start date: End date:	IF PART-TIME Hours/week:	SALARY/RATE Start: Final:
Telephone Number:	Position Title & Major Duties:		
Name & Title of Immediate Manager:			
Reason for Leaving:			
Institution (Name & Address):	DATES (Month/Year) Start date: End date:	IF PART-TIME Hours/week:	SALARY/RATE Start: Final:
Telephone Number:	Position Title & Major Duties:		
Name & Title of Immediate Manager:			
Reason for Leaving:			
Institution (Name & Address):	DATES (Month/Year) Start date: End date:	IF PART-TIME Hours/week:	SALARY/RATE Start: Final:
Telephone Number:	Position Title & Major Duties:		
Name & Title of Immediate Manager:			
Reason for Leaving:			

**REFERENCES** List four persons qualified to evaluate your professional qualifications.

Name	Address	Telephone Numbers	Occupation & Employer

**ADDITIONAL INFORMATION & AUTHORIZATIONS**

May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your past employer(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with Anne Arundel Community College? If yes, date _____ and position held _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives employed with Anne Arundel Community College? If yes, who _____ and position held _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been discharged or asked to resign from any position? If yes, please attach an explanation.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? If yes, please attach an explanation and provide the court and state in which you were convicted and the date. (Conviction will not necessarily disqualify an applicant for employment.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

The college's Annual Security Report includes statistics for the previous three years concerning reported crimes that occurred on campus; in certain off-campus buildings or property owned or controlled by Anne Arundel Community College; and on public property within, or immediately adjacent to and accessible from, the campus. The report also includes institutional policies concerning campus security, such as policies concerning, sexual assault, and other matters. You can obtain a copy of this report by contacting the Department of Public Safety or by accessing the following web site [www.aacc.edu/publicsafety/file/AnnualSecurityReport.pdf](http://www.aacc.edu/publicsafety/file/AnnualSecurityReport.pdf).

As a condition of employment and in connection with your employment application process, Anne Arundel Community College shall conduct a background INVESTIGATION on all candidates selected for employment. The information contained in such background reports shall be used for job relevant employment purposes. All offers of employment are contingent upon the favorable results of a background INVESTIGATION screening.

Under Maryland law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

By my signature below, I agree that I have read and understand the above statement.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

*Employment with Anne Arundel Community College is "at will" employment, which allows termination, at anytime, at the sole discretion of the college.*

In order for Anne Arundel Community College to obtain information relevant to my ability to perform the position for which I am applying, I hereby authorize its agents to contact persons named herein, as well as other individuals not listed, who may have information regarding my prior employment and ability to perform the position for which I am applying. Additionally, I authorize all persons contacted, by the College, to release information regarding my prior employment and ability to perform the position for which I am applying and waive my rights to access those records.

I hereby affirm that the information supplied herein is complete and accurate. I understand that falsification and/or omission of information will be just cause for rejection of my application or immediate discharge if employed.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

*Please keep us advised of any changes in your address, interest, or availability.*

**Notice of Nondiscrimination**

AACC is an equal opportunity, affirmative action, Title IX, ADA Title 504 compliant institution. Call Disability Support Services, 410-777-2306 or Maryland Relay 711, 72 hours in advance to request most accommodations. Requests for sign language interpreters, alternative format books or assistive technology require 30 days' notice. For information on AACC's compliance and complaints concerning sexual assault, sexual misconduct, discrimination or harassment, contact the federal compliance officer at 410-777-1239 or [complianceofficer@aacc.edu](mailto:complianceofficer@aacc.edu) or the Title IX coordinator at 410-777-2256, or Maryland Relay 711.