



# TOUGALOO COLLEGE

Department of Human Resources  
500 West County Line Road  
Tougaloo, MS 39174

## APPLICATION OF EMPLOYMENT

(An Affirmative Action/Title IX/Section 504 Employer)

Information provided in your application will be treated confidentially. The use of this form does not indicate that there are positions open and does not obligate you or this institution. Your application will remain in active status for **thirty days** (30) from the date it is filed. It will then become inactive unless you notify the Department of Human Resources that you wish to remain under consideration.

### PERSONAL AND GENERAL HISTORY

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

Position(s) applying for \_\_\_\_\_ Full-time ( ) Part-time ( )

Other positions or types of work for which you feel you are qualified \_\_\_\_\_

If desiring part-time work, days and hours available \_\_\_\_\_

Salary requirement \_\_\_\_\_ Date available to begin work \_\_\_\_\_

Social Security Number \_\_\_\_\_ Are you a U.S. Citizen? Yes ( ) No ( )

If no, do you have a visa which allows employment? Yes ( ) No ( )

Are you at least 18 years old? Yes No Note: If under 18, hire is subject to verification of minimum legal age.

Other contact for messages: Name \_\_\_\_\_ Phone \_\_\_\_\_

In the event of emergency notify: Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Have you previously applied at Tougaloo College?

Yes ( ) No ( ) If so, when: \_\_\_\_\_

It is the policy of Tougaloo College to employ only the best qualified individuals available for all jobs without regard to race, color, religion, sex, age, national origin, sexual orientation, disability, citizenship, veteran status, genetic information, or gender identity in its programs and activities as required by Title IX of the Educational Amendments of 1972, the American with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, and other applicable statutes and college practices. The College prohibits sexual harassment, including sexual violence.

Inquiries and complaints of violation concerning this policy should be directed to the Department of Human Resources.

## EDUCATION

Circle highest grade completed:      1 2 3 4 5 6 7 8 9 10 11 12  
Grade School or High School

1 2 3 4 5 6+  
College

List all schools attended: high school, technical/vocational, college, business, military, etc.

School(s)	Dates Attended	Did You Graduate	Certificate or Degree Received	Major Subject(s)
Name _____ Address _____	From _____ To _____	Yes ( ) No ( )		
Name _____ Address _____	From _____ To _____	Yes ( ) No ( )		
Name _____ Address _____	From _____ To _____	Yes ( ) No ( )		
Name _____ Address _____	From _____ To _____	Yes ( ) No ( )		
Name _____ Address _____	From _____ To _____	Yes ( ) No ( )		

## SPECIALIZED TRAINING/SKILLS

List all current licenses and/or areas of certification (if not indicated above) \_\_\_\_\_  
\_\_\_\_\_

List all equipment (office, trade, or laboratory that you operate proficiently) \_\_\_\_\_  
\_\_\_\_\_

List any other training, skills, aptitudes, and qualifications which you feel are relevant to the type of employment you are seeking at Tougaloo College \_\_\_\_\_  
\_\_\_\_\_

## MILITARY RECORD

Have you ever served in the armed forces?      Yes ( )      No ( )

If yes, what branch? \_\_\_\_\_

Dates of active service. From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month      Day      Year      Month      Day      Year

Rank at discharge \_\_\_\_\_

## EMPLOYMENT RECORD

List your current or most recent employer first and indicate a continuous record of employment for the last ten years or from the time you left school. (Please add a supplementary sheet if additional space is required.)

<b>Name of Employer</b>		<b>Address</b>		<b>Phone</b>
<b>Employed (Month/Year)</b>  From                      To		<b>Salary-Starting</b>	<b>Salary-Ending or Present</b>	<b>Name of Supervisor</b>
<b>Job Title and Duties</b>			<b>Reason for Leaving</b>	

  

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<b>Employed (Month/Year)</b>  From                      To		<b>Salary-Starting</b>	<b>Salary-Ending or Present</b>	<b>Name of Supervisor</b>
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<b>Job Title and Duties</b>			<b>Reason for Leaving</b>	

If currently employed, may your employer be contacted at this time for a reference?                      Yes (   )                      No (   )

Have you ever held a supervisory position?                      Yes (   )                      No (   )                      If yes, where?

Number of employees supervised? \_\_\_\_\_

Have you ever been known by any other name(s) which the College will require to verify any of the information contained in this application?      Yes (   )              No (   )

If yes, please provide name(s), etc.

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Have you ever been employed by Tougaloo College or any other (Mississippi) Institution?      Yes (   )              No (   )

If yes, please complete:

Name of institution/campus or agency \_\_\_\_\_ Department \_\_\_\_\_  
Supervisor \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

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Does this College now employ any of your relatives?      Yes (   )              No (   )              If yes, please provide:

Name \_\_\_\_\_ Department \_\_\_\_\_ Relationship \_\_\_\_\_

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How were you referred to the Department of Human Resources?

(   ) Voluntary              (   ) State Employment Office              (   ) Tougaloo College Employee \_\_\_\_\_  
(   ) Job Posting              (   ) Private Employment Agency              (   ) Other \_\_\_\_\_

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**PLEASE READ CAREFULLY BEFORE SIGNING**

I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of fact is sufficient grounds for either my immediate discharge without recourse or refusal of employment by Tougaloo College.

I understand and agree that all information furnished in this application may be verified by Tougaloo College. I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give Tougaloo College all information relative to my employment, work habits, and character and hereby release such individuals, organizations, and Tougaloo College from any liability for any claim or damage which may result.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**PLEASE DO NOT WRITE BELOW THIS LINE**

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Interviewer's Comments:

Revised 6/7/2024

## **EQUAL EMPLOYMENT OPPORTUNITY SURVEY**

To All Applicants:

Tougaloo College is an Equal Opportunity/Affirmative Action Employer. We will consider all qualified applicants for employment without regard to race, color, religion, sex, age, national origin, sexual orientation, disability, citizenship, veteran status, genetic information, gender identity or any other legally protected status.

To insure we are in compliance with federal and state equal employment opportunity laws, we ask that you voluntarily provide the following information. Whether or not you provide this information, no action will be taken with regard to your application or employment. The questionnaire will be kept separate from your application, and will not be used to make any employment decision.

Applicant Name \_\_\_\_\_

Date \_\_\_\_\_ Position Desired \_\_\_\_\_

Female \_\_\_\_\_ Male \_\_\_\_\_

### **ETHNIC GROUP:**

White \_\_\_\_\_

Black \_\_\_\_\_

Hispanic \_\_\_\_\_

American Indian/Alaskan Native \_\_\_\_\_

Asian American/Pacific Islander \_\_\_\_\_

Other \_\_\_\_\_

Are you a Vietnam Era Veteran? \_\_\_\_\_

Are you a Disabled Veteran? \_\_\_\_\_

Under Section 504 of the Rehabilitation Act of 1973, do you qualify as a handicapped individual? \_\_\_\_\_

If yes, indicate handicap: \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

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

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, 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).

### How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- ☐ Yes, I Have A Disability, Or Have A History/Record Of Having A Disability  
No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- ☐ I Don't Wish To Answer

**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.

### For Employer Use Only

*Employers may modify this section of the form as needed for recordkeeping purposes.*

*For example:*

Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_