



## EMPLOYMENT HISTORY

Please list your employers completely and accurately, beginning with most recent. If you wish for additional employment information to be considered, please identify such information on attached sheet.

1. Name of Employer		Telephone	Name & Title of Supervisor	
Address (Include City, State & Zip)				
Employed From To Mo/Yr.            Mo/Yr.	Full-time _____ Part-time _____ Hours/week ____	Initial Pos. Title	Final Pos. Title	
Describe Responsibilities			Present employer may be contacted at this time. ____ Yes ____ No	
2. Name of Employer		Telephone	Name & Title of Supervisor	
Address (Include City, State & Zip)				
Employed From To Mo/Yr.            Mo/Yr.	Full-time _____ Part-time _____ Hours/week ____	Initial Pos. Title	Final Pos. Title	
Describe Responsibilities			Employer may be contacted at this time. ____ Yes ____ No	
3. Name of Employer		Telephone	Name & Title of Supervisor	
Address (Include City, State & Zip)				
Employed From To Mo/Yr.            Mo/Yr.	Full-time _____ Part-time _____ Hours/week ____	Initial Pos. Title	Final Pos. Title	
Describe Responsibilities			Employer may be contacted at this time. ____ Yes ____ No	
4. Name of Employer		Telephone	Name & Title of Supervisor	
Address (Include City, State & Zip)				
Employed From To Mo/Yr.            Mo/Yr.	Full-time _____ Part-time _____ Hours/week ____	Initial Pos. Title	Final Pos. Title	
Describe Responsibilities			Employer may be contacted at this time. ____ Yes ____ No	

PROFESSIONAL ACTIVITIES/ASSOCIATIONS: (You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.)

---

---

---

---

---

---

---

---

---

---

Accomplishments: Provide a summary statement of your experiences, publications, noteworthy accomplishments, etc.

---

---

---

---

---

---

---

---

---

---

List the area(s) in which your graduate courses total 18 or more semester credit hours:

1. \_\_\_\_\_ Semester Hours \_\_\_\_\_
2. \_\_\_\_\_ Semester Hours \_\_\_\_\_

List courses you have taught on the college level: \_\_\_\_\_

---

---

---

Provide a statement of your philosophy on private, liberal arts, predominately African-American, open admission colleges and describe your professional workstyle:

---

---

Have you ever been found in violation of a College or University Code of Ethics or any other ethical standard?  
( ) Yes ( ) No

Has there ever been a finding against you of any employment related sexual harassment? ( ) Yes ( ) No

Have you been convicted of a criminal offense within the last seven years? ( ) Yes ( ) No If you answered Yes to any of these questions, explain in detail.

---

---

**An affirmative answer to any of the above questions will not necessarily disqualify you from being considered for employment.**

I hereby certify that all statements made in this application are true, and I agree and understand that any misstatements of material facts herein may cause forfeiture on my part of all rights to any employment. I authorize Benedict College to obtain a reference/background check as needed. I agree to a physical examination if required as a condition of employment.

I further certify that I have not been convicted of, or has pled *nolo contendere* or guilty to, a crime involving the acquisition, use, or expenditure of Federal, State, or local government funds, or has been administratively or judicially determined to have committed fraud or any other material violation of Law involving Federal, State, or local government funds.

#### VOLUNTARY SURVEY

Government agencies at times require periodic reports on the sex, ethnicity, handicapped, veteran and other protected status of applicants. This data is for analysis and possible affirmative action only.

#### SUBMISSION OF INFORMATION IS VOLUNTARY

Check one:

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

Race/Ethnic Group: Caucasian \_\_\_\_ African-American \_\_\_\_ Hispanic \_\_\_\_ American Indian \_\_\_\_  
Alaskan Native \_\_\_\_ Asian \_\_\_\_ Pacific Islander \_\_\_\_

If applicable: Vietnam Era Veteran \_\_\_\_ Disabled Veteran \_\_\_\_ Handicapped Individual \_\_\_\_

---

Signature of Applicant

Date

---

#### AUTHORIZATION TO RELEASE EMPLOYMENT INFORMATION

Authorization is hereby given to investigate my records with employers, school, activities, police and FBI records and hereby release all sources from all liability.

---

Signature of Applicant

Date

---

**Return to: Dr. Janeen Witty, Vice President for Academic Affairs, 1600 Harden St., Columbia, SC 29204**