



American Samoa Community College

Employment Application

HUMAN RESOURCES OFFICE

Post Office Box 2609

Pago Pago, American Samoa 96799

Telephone: (684) 699-9155 Ext. 3606

Facsimile: (684) 699-8606

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IMPORTANT

Please read the instructions carefully before filling in each section. Answer each question briefly, but as completely as possible. Type or print clearly your answers in the spaces provided. If an item does not apply to you or if there is no information to be given, please write in the letters, "N/A" (for "Not Applicable"). This application will be used for evaluation only. You are in no way obligating yourself by submitting it nor is its acceptance by the American Samoa Community College (ASCC) to be interpreted as a commitment of any kind. If you need information about employment or assistance to complete this application form, contact a representative of the American Samoa Community College Human Resource Office. A completed application requires the following attached documents:

1. Resume
2. Three Letters of Recommendation
3. Official Transcripts (if appropriate)
4. Copies of Educational or Vocational Diploma, Degree, or Certificate
5. Official Photo Identification Document
6. Passport or Birth Certificate
7. If you are not a US Citizen or US National, provide a copy of your Immigration ID and Immigration Board hearing result.
8. Social Security Number (SSN) Card

EQUAL EMPLOYMENT OPPORTUNITY

There shall be no discrimination in employment against any person on the basis of age, race, color, sex, sexual orientation, gender-identity, marital status, religion, disability, genetic information, veteran's status, ancestry, national or ethnic origin, or political affiliation.

EMPLOYMENT APPLICATION

1. POSITION APPLIED FOR:		2. LOWEST ACCEPTABLE SALARY:	
3. NAME: Last	First:	Middle:	4. SOCIAL SECURITY #:
5. MAILING ADDRESS: <i>Post Office Box or Street #:</i>		City:	State: Zip Code:
6. TELEPHONE #: Home	Work:	Cell Phone #:	Email:
FOR HUMAN RESOURCES USE ONLY: Date Received: Initials:			

Education:

Applicant should file as complete a transcript as possible of all college work (if applicable) so that decision may be made regarding employment. If work is still in progress, a supplementary transcript should be filed later. * If pending, indicate date degree is expected to be awarded.

7. PLEASE CHECK AND INDICATE ALL OF YOUR FORMAL EDUCATIONAL ACCOMPLISHMENTS:		
<input type="checkbox"/> High School Graduate – Name of School:	Location:	Year Graduated:
<input type="checkbox"/> Completed G.E.D – Name of School:	Location:	Year Graduated:

8. NAME AND LOCATION OF COLLEGE OR UNIVERSITY:	Dates of Attendance:		Credit Hours Completed:	Course of Study:	Type of Degree:	Year Earned:
	From:	To:				

Professional Certificates and Training:

List all applicable certificates and training received that are relevant to the position applied for.

9. Type of Certificate:	Content/Area of Specialization:	Semester Credit Hours Completed

Equivalency:

The ASCC minimum qualifications are listed on each advertised job announcement. Verification of educational attainment (including equivalency of degrees for non-U.S. institutions of higher learning), training and experience must be provided. Graduate level courses and official transcripts are required. Applicant(s) with non-U.S. degree(s) are required to provide a validation certifying the equivalency of the degree(s) to U.S. degree requirements. Please describe in detail how this qualification is met and list all upper division and graduate level courses you have taken in that you are requesting equivalency. Please include the number of credits for each course and whether they are semester or quarter credits.

10. Course(s):	Credit Hours Completed:	Justification:

11. Work Experience:

This section must be fully completed and accurate. Please be as detailed as possible to fully account for your work experience. Please begin with your present employment followed by your previous employment(s). Specific duties should include important responsibilities and if applicable expected outcomes and achievements, and the percentage of time spent. Applications lacking sufficient information may be rejected. In addition, please describe any other related volunteer or work experience.

A. Name of Employer: <input type="checkbox"/> Present Employer <input type="checkbox"/> Previous Employer	Mailing Address:	
	<u>Period of Employment</u>	
	From:	Month: Day: Year:
	To:	Month: Day: Year:
	Salary:	Hours worked per Week:
Position Title:	Type of Employment or Business: (i.e., construction):	Reason for Leaving:
This position is:		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Supervisory <input type="checkbox"/> non-Supervisory
Please list below the specific duties performed and percentage of time spent:		%

B. Name of Employer: <input type="checkbox"/> Present Employer <input type="checkbox"/> Previous Employer	Mailing Address:	
	<u>Period of Employment</u>	
	From:	Month: Day: Year:
	To:	Month: Day: Year:
	Salary:	Hours worked per Week:
Position Title:	Type of Employment or Business: (i.e., construction):	Reason for Leaving:
This position is:		<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Supervisory <input type="checkbox"/> non-Supervisory
Please list below the specific duties performed and percentage of time spent:		%

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C. Name of Employer: <input type="checkbox"/> Present Employer <input type="checkbox"/> Previous Employer	Mailing Address:		
	<u>Period of Employment</u>		
	From:	Month:	Day: Year:
	To:	Month:	Day: Year:
	Salary:	Hours worked per Week:	
Position Title:	Type of Employment or Business: (i.e., construction):	Reason for Leaving:	
	This position is: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Supervisory <input type="checkbox"/> non-Supervisory		
Please list below the specific duties performed and percentage of time spent:			%

D. Name of Employer: <input type="checkbox"/> Present Employer <input type="checkbox"/> Previous Employer	Mailing Address:		
	<u>Period of Employment</u>		
	From:	Month:	Day: Year:
	To:	Month:	Day: Year:
	Salary:	Hours worked per Week:	
Position Title:	Type of Employment or Business: (i.e., construction):	Reason for Leaving:	
	This position is: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Supervisory <input type="checkbox"/> non-Supervisory		
Please list below the specific duties performed and percentage of time spent:			%

E. Name of Employer: <input type="checkbox"/> Present Employer <input type="checkbox"/> Previous Employer	Mailing Address:		
	<u>Period of Employment</u>		
	From:	Month:	Day: Year:
	To:	Month:	Day: Year:
	Salary:	Hours worked per Week:	
Position Title:	Type of Employment or Business: (i.e., construction):	Reason for Leaving:	
	This position is: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Supervisory <input type="checkbox"/> non-Supervisory		

Please list below the specific duties performed and percentage of time spent:	%

12. **Additional Space:** Utilize the spaces provided to continue your response to any numbered section.
(Please specify the number or item.)

13. **Background Information:**

1. Have you ever been convicted for any crime other than a minor traffic violation? *(A "Yes" does not automatically disqualify you from further consideration.)* Yes No
 If "Yes" explain:

2. Can you perform the essential functions of the job for which you are applying, with or without reasonable accommodations?
 Yes No
 If "No" explain:

3. Were you ever dismissed from teaching or an administrative position? Yes No

4. Did you ever leave a teaching position before the end of a contract? Yes No
 If you answered "Yes" to questions three (3) and four (4), please explain:

14. **References:**

Please list three references (persons) who have definite knowledge of your qualifications and have had the opportunity to evaluate your work.

Name:	Title and Occupation:	Telephone #

15. **I AUTHORIZE THE AMERICAN SAMOA COMMUNITY COLLEGE TO CONTACT MY CURRENT EMPLOYER.** Yes No

Read carefully before Signing. (Since every statement and answer on the application is subject to verification, read the next paragraph carefully before signing).

I hereby declare that the statements and answers in the application are true and complete to the best of knowledge. I authorized investigation of all statements contained in this application, except as I have noted under work experience. I hereby release from all liability any person(s) or organization furnishing such information. I understand that falsification, misrepresentation, or omission of the facts is cause for rejection of the application, removal of my name from consideration, or discharge from ASCC.

Signature of Applicant: _____ Date: _____

16. **Survey:** The following section is optional.

Dear Applicant:

The American Samoa Community College (ASCC) is an Equal Employment Opportunity Employer, and actively seeks to recruit qualified personnel without regard to race, color, religion, sex, age, sexual orientation, national origin, or disability to fill vacancies and new positions as they become available.

We request that applicants applying for any position at ASCC complete this section of the form. The College ensures the confidentiality of information and that data obtained shall be used solely as needed for the American Samoa Government Affirmative Action Program, and as per local and Federal Equal Employment Opportunity requirements.

Filling out this section is optional; however, your response will be greatly appreciated.

American Samoa Community College is an Equal Opportunity Employer

Name (Last Name, First Name, M):		SSN:	Date of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Under the ADA are you qualified individual with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No
Citizenship: <i>(checkmark one)</i> <input type="checkbox"/> United States <input type="checkbox"/> American Samoa <input type="checkbox"/> Other <i>(Please Specify):</i>			
Ethnicity: <input type="checkbox"/> Pacific Islander <u>Specify:</u> <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Filipino <input type="checkbox"/> Mixed <input type="checkbox"/> Other		How did you learn about this position? <i>(Please check mark all that apply.)</i> <input type="checkbox"/> Newspaper/Publication <input type="checkbox"/> Bulletin Board (location) <input type="checkbox"/> ASCC Employee <input type="checkbox"/> Walk-in Inquiry <input type="checkbox"/> Web Site <input type="checkbox"/> Job Fair <input type="checkbox"/> TV/Radio	