



Have you ever been convicted of a felony?  
 (A conviction is not an automatic disqualification for employment.)

Yes  No

If yes, please explain: \_\_\_\_\_

May we contact your present employer and/or any references you have listed? Yes  No

How did you learn about this position: Ad  Web  Friend/Relative  Walk-in  Other

**EDUCATION**

Last Year of Formal Education Completed:  College:

Name/Location of School	Graduate ? (Yes/No)	Degree Received	Additional Credit Hrs Completed	Program or Major Coursework
High School				
College, University, Business, Technical, or Military Schools				
Graduate School				

**LICENSES AND/OR CERTIFICATES**

Type of License/Certificate	Issuing State or Agency	Number	Expiration Date

## EMPLOYMENT HISTORY

Current or Most Recent Employer	Dates of Employment	
	From (Mo/Yr)	To (Mo/Yr)
Employer's Address	Job Title	
Supervisor	Telephone Number	
Describe Work Performed		
Reason for Leaving	Salary	

Previous Employer	Dates of Employment	
	From (Mo/Yr)	To (Mo/Yr)
Employer's Address	Job Title	
Supervisor	Telephone Number	
Describe Work Performed		
Reason for Leaving	Salary	

Previous Employer	Dates of Employment	
	From (Mo/Yr)	To (Mo/Yr)
Employer's Address	Job Title	
Supervisor	Telephone Number	
Describe Work Performed		
Reason for Leaving	Salary	

**REFERENCES**

Please list four individuals who have knowledge of your professional skills and abilities.

Name	Title	Address and Phone Number
1.		
2.		
3.		
4.		

**CERTIFICATION AND STATEMENT OF UNDERSTANDING**

**The following statement is a part of the application. Read carefully before signing.**

I certify that the information contained in this application is true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application and that omissions or false or misleading statements made by me on this application will be sufficient cause for rejection of my application or termination of my employment. I also understand that a background check may be required prior to employment and that drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to Belmont Technical College and/or its representatives. I understand that any offer of employment is conditional upon proof of legal authorization to work within the United States as required by the Immigration Reform and Control Act.

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

**NOTE: After completion of the Employment Application, please print a copy, sign, and mail to: Belmont Technical College, Attention: Human Resources, 120 Fox-Shannon Place, St. Clairsville, OH 43950 or scan and email to [employment@btc.edu](mailto:employment@btc.edu).**

Belmont Technical College is an Equal Opportunity Employer.

**HR USE ONLY**

Employee ID# \_\_\_\_\_

Start Date \_\_\_\_\_ Position \_\_\_\_\_ Salary \_\_\_\_\_