

**WAYCROSS COLLEGE**  
2001 South Georgia Parkway Waycross, Georgia 31503  
University System of Georgia

**PROFESSIONAL STAFF APPLICATION** (Please Print or Type)

Applicants are invited to have credentials and letters of recommendation sent and attach their resume to this form. **To be considered this form must be completed in its entirety and signed. A resume will not substitute for a completed application.** At the appropriate time, applicants will be required to have official transcripts of all college work sent directly to the appropriate office of the college.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_  
(Street and Number)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Mailing Address \_\_\_\_\_

Other names by which you have been or may be known \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Place of Birth \_\_\_\_\_ Citizen of what Country \_\_\_\_\_

Position Desired: \_\_\_\_\_

**COLLEGIATE AND PROFESSIONAL EDUCATION** (List highest degree first)

Degree	Institution	Year	Major Field	Minor Field
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**ACADEMIC/PROFESSIONAL STUDIES BEYOND LAST EARNED DEGREE**

Year	Institution	Major Field	Minor Field
_____	_____	_____	_____
_____	_____	_____	_____

**EMPLOYMENT HISTORY**

List current and prior work experience (Give complete list, giving most recent first; use attachments only if necessary.)

1.) Year \_\_\_\_\_ Institution/Business (name and address) \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone number \_\_\_\_\_

Email: \_\_\_\_\_

2.) Year \_\_\_\_\_ Institution/Business (name and address) \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone number \_\_\_\_\_

Email: \_\_\_\_\_

3.) Year \_\_\_\_\_ Institution/Business (name and address) \_\_\_\_\_

Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone number \_\_\_\_\_

Email: \_\_\_\_\_

List any additional administrative experience (Give complete list; use attachments if necessary.)

- 1.) Year \_\_\_\_\_ Institution/Business ( name and address) \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone number \_\_\_\_\_
- 2.) Year \_\_\_\_\_ Institution/Business ( name and address) \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone number \_\_\_\_\_
- 3.) Year \_\_\_\_\_ Institution/Business ( name and address) \_\_\_\_\_  
Position \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone number \_\_\_\_\_

PROFESSIONAL MEMBERSHIPS, HONORS, RECOGNITION

Year	Title	Nature of Organization
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES

Educational/ Work Experiences - (List those who know you best from your current employment and the last two institutions and/or businesses where you were employed.)

Name	Position held	Give complete address and phone number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION: I certify that the information given on this application is complete, true, and correct.

\_\_\_\_\_  
(Date) (Signature)

WAYCROSS COLLEGE  
EEO AND AAP INFORMATION

The following information is needed to complete reports and information to the Federal Government as determined by Federal laws, rules, and regulations. This form is only available to the Personnel Department for the completion of these various reports and is not used in the determination of your qualifications and abilities.

THIS IS FOR INTERNAL INFORMATION ONLY --- CANNOT BE RELEASED, COPIED, OR OBSERVED WITHOUT DIRECT PERMISSION OF THE PRESIDENT, EEO OFFICER, OR AFFIRMATIVE ACTION OFFICER.

PLEASE RETURN FORM (separate from the application) TO: Office of the Vice President and Dean, Waycross College, 2001 South Georgia Parkway, Waycross, GA, 31503.

This form completed: By Applicant ( ) At an Interview ( )

Name \_\_\_\_\_

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

Gender (Circle one): Male Female

Ethnicity:

Are you Hispanic or Latino?

\_\_\_\_\_ Yes  
\_\_\_\_\_ No

Race:

What is your race? (Choose one or more)

\_\_\_\_\_ White  
\_\_\_\_\_ Black or African American  
\_\_\_\_\_ Asian  
\_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Native Hawaiian or other Pacific Islander

Resident Status: If this area does not apply to you, please circle "C."

- A. Resident Alien: Persons who are not citizens or nationals of the United States but have been lawfully admitted for permanent residence in the United States and hold a "green card" Form I-151.
- B. Non-Resident Alien: Persons in this country on a temporary basis and who do not have the right to remain indefinitely.
- C. Not Applicable.