



Community College
of Beaver County
1 Campus Drive
Monaca, PA 15061-2588

www.ccbc.edu · Your road to your future!

Application for
**CONTINUING EDUCATION &
WORKFORCE DEVELOPMENT**
Employment • 724-480-3452

PERSONAL INFORMATION

Name: _____
Last First Middle

Address: _____
Number, Street City

State Zip Code

Home Phone: _____ Cell Phone: _____

Are you 18 or over: _____ Social Security No.: ____/____/____

E-Mail Address: _____

EXPERIENCE

1) Company Name: _____ Position Held: _____

Address: _____

Dates of Employment: _____ to _____ Phone Number: _____

Major Duties and Skills: _____

2) Company Name: _____ Position Held: _____

Address: _____

Dates of Employment: _____ to _____ Phone Number: _____

Major Duties and Skills: _____

3) Company Name: _____ Position Held: _____

Address: _____

Dates of Employment: _____ to _____ Phone Number: _____

Major Duties and Skills: _____

EDUCATION

High School: _____
Name, City, State

Did you receive a diploma? Yes No Special Courses: _____

College, Trade / Technical, or Specialized Schools: _____
Name, City, State

Certificates or Degrees Granted (include year): _____

College, Trade / Technical, or Specialized Schools: _____
Name, City, State

Certificates or Degrees Granted (include year): _____

SKILLS, QUALIFICATIONS, AND CERTIFICATIONS

■ Technical Skills

Please list technical areas of expertise that pertain to the courses you wish to teach.

■ Communication / People Skills

Please list communication and related skills that pertain to your instructional abilities / background.

■ Additional Skills and Training

Please list other areas of expertise that pertain to the courses you wish to teach.

■ Certifications or Licensures

Please list any certifications or licensures held and the certifying agency(ies).

■ Reference Information

Have you ever been convicted of a crime? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.

Please list two references who are capable of commenting on your ability to teach in your given subject area.

1) Name _____ Years Known _____ Phone _____

2) Name _____ Years Known _____ Phone _____

Acknowledgement and Signature

By signing this form, I attest that the information I have provided is true, correct, and complete. I authorize the employer to contact and obtain information about me from previous employers, educational institutions, references, and any other party to verify the accuracy of information I disclosed. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer, for seeking and using information to evaluate my employment request.

This application is not an employment agreement. If I accept an offer of employment I understand that my employment is to be "At Will" and that either I or the employer may terminate my employment at any time, with or without cause.

I understand that my employment is subject to such personnel practices, policies and procedures, and changes therein, as the College may from time to time adopt and/or apply to my employment. I agree to abide by all of the College's policies and procedures, or changes therein.

I fully understand and accept all terms and conditions in the above statement.

Signature of Applicant

Date

(Please sign in ink and return original to: CCBC-Continuing Education & Workforce Development • 125 Cessna Drive • Beaver Falls, PA 15010-1060)