

**College in the High School**

**Faculty Information Form**

***INSTRUCTIONS*:** We consider candidates without regard to race, color, age, religion, sex, marital status, disability, national origin, ancestry, pregnancy or childbirth, U.S. military service, domestic violence victim status, genetic predisposition or carrier status, criminal background, or sexual orientation. Applications must be filled out completely to be considered. We appreciate your interest in this program.

***PERSONAL INFORMATION*:** (Please Print)  **DATE:**

Last Name       First       Middle

 Home Address       Home Telephone Number

City       State       Zip Code       Business Telephone Number

Home Email Address       Business Email Address       Cell Phone Number

When will you be available to begin participation in this program?

 What course (s) are you requesting to teach at this time?

 What other courses are both qualified for and interested in teaching in the future?

***EDUCATION HISTORY***

In the following section, list all education institutions attended, course(s) of study and the degree(s) earned beginning with your most recent. Please attach official transcripts.

|  |  |  |  |
| --- | --- | --- | --- |
| Institution  | Dates of Attendance | Degree Earned or # of Credits Earned |  Academic Major |
|        |       |        |       |
|        |       |        |        |
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**Equal Opportunity Reporting Information**

FMCC is subject to annual government and SUNY recordkeeping and reporting requirements for the administration of civil rights laws and regulations. And in an effort to seek accreditation from the National Alliance of Concurrent Enrollment Partnerships (NACEP) we invite applicants to the **College in the High School** program to self identify their race or ethnicity. Submission of this information is **voluntary** and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. If candidate declines to self-identify the employer representative may make identification selection to best of his/her knowledge.

Name:      Date:

Male:[ ]  Female:[ ]

**Please check one:**

[ ]  American Indian or Alaskan Native (an individual having origins in any of the original peoples of North and South America (including Central America) AND who maintains tribal affiliation or community recognition)

[ ]  Asian ( An individual having origins in any of the original peoples of the Far East, Southeast Asia or Indian Subcontinent)

[ ]  Black or African American (not of Hispanic Origin)(an individual having origins in any of the black racial groups of Africa)

[ ]  Native Hawaiian or Other Pacific Islander (not of Hispanic Origin)(an individual having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)

[ ]  White (an individual having origins in any of the original peoples of Europe, North Africa, or the Middle East)

[ ]  Two or More Races (not of Hispanic Origin)

[ ] Hispanic or Latino (If you are of Hispanic Origin, please select one)

[ ]  **D**ominican (An individual identifying themselves as Dominican or Dominican American)

[ ]  **M**exican (An individual identifying themselves as Mexican, Mexican American or American Chicano)

[ ]  **P**uerto Rican (An individual identifying themselves as Puerto Rican)

[ ]  **C**entral American (An Individual having origins in a Central American country that is nor specifically referenced above)

[ ]  **S**outh American (An individual having origins in a South American country that is not specifically referenced above)

[ ]  **O**ther Hispanic/Latino

[ ]  **U**nknown (Unidentified or unknown)

Employee has declined self- identification and the following employer representative has made the above identification.

FMCC Rep. Signature       Date

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I consent and authorize Fulton-Montgomery Community College to contact any educational institutions above that might have information relevant to my application here. I understand that any information obtained by Fulton-Montgomery Community College in the course of those contacts will be treated in confidence. I understand that appointment to the College in High School program is contingent upon receipt of verification of educational credentials and that successful appointees are employed by the sponsoring high school and not Fulton Montgomery Community College.

Signature       Date