

APPLICA	ATION FOR ADJUNCT F	FACULTY COU	IRSE APF	PROVAL	
Name:	SSN:				
Telephone:		Home e-mail:			
Are you a U.S. Citizen or a	re you legally authorized to w	ork in the U.S.?	Yes	No	
Have you ever been convid	cted of a felony? Yes	No	If yes, c	lescribe:	
Business Address:		Title:			
	Office e-mail:				
Business Telephone:		Fax:			
I can teach on wee	veekdays: 8 a.m. to 5 p.m. 6 p.m. to 10 p.m. Saturday				
If limited to more specific times or days, please indicate:					
Please check the locations at which you are available to teach:					
☐ Brunswick ☐ Goldsboro ☐ Greenville ☐ Manteo ☐ New Bern ☐ Raleigh-Durham					
☐ Rocky Mount ☐ Washington ☐ Wilmington ☐ Winston-Salem					
EDUCATION					
DEGREES EARNED FROM REGIONALLY ACCREDITED INSTITUTIONS	INSTITUTION	MAJOR AR	REA	DATE	

COLLEGE TEACHING EXPERIENCE					
INSTITUTION	COURSE	ES TAUGHT	DATES M/YR		
		I			
RELEVANT OCCUPATIONAL EXPERIENCE Please attach any additional information.					
EMPLOYER	TITLE/RESPO	NSIBILITIES	DATES M/YR		
OTHER RELEVANT IN	IFORMATION VOLUMOUS DISI	F CONCIDEDED AC DADT OF A	OUD ADDUCATION		
	NFORMATION YOU WOULD LIKI tach additional information that				
		g /			
	DEFEN	***************************************			
Please list the names titles ar	REFERE nd phone, and email addresses		s Your references should be		
	tiveness as an instructor in unde				
1.					
2.					
3.					
3.					
the teaching field and a Mast North Carolina Wesleyan Un		proval to teach specific cour teaching assignment. The	ses must be granted by the University may ask you to		
All information include	ed in this application is true a	nd represents my qualification	ons and credentials.		
Signature Date					
have had contact or call th	t the approval process, pleas ne Office of Academic Affairs It in becoming a part of the A	at the NCWU Rocky Mount	campus (252-985-5136).		
North Carolina	a Wesleyan University is an E	Equal Opportunity Education	al Institution.		
Office of Acade North Carolina 3400 N. Wesle Rocky Mount,	Wesleyan University eyan Blvd.	Title IX Coordinator Jason Modlin, Ed.D Dean of Students/T 111 Hardees Stude jmodlin@ncwc.edu	itle IX Coordinator nt Union		

Revised June 2022

Employee Authorization to Release Records

I understand and agree that: The information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and/or interview(s) will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of the company. The company has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Criminal History, Medical and Professional Licensing, and References, will be utilized as part of the processing procedures. A background check will be conducted to verify the authenticity of the information submitted and will be utilized to develop information concerning my character, general reputation, and personal characteristics. I will hold no person liable for giving or receiving information in this investigation. I hereby authorize North Carolina Wesleyan University to make a thorough check of my past Employment, Education, and activities. I release from liability all persons, companies, and corporations supplying that information. I release and indemnify North Carolina Wesleyan University and any company or service they select against any liability that might result from making such background checks. A copy of this form is as valid as the original.

EMPLOYEE/APPLICANT INFORMATION:

First Name	MI	Last Name
Social Security Number	-	
/	/	_
Date of Birth		
*********	*******	***************
Signature		 Date