

INFORMATION & REFERENCE SHEET

Central Carolina Community College President Candidate

Name: _____ / _____ / _____
Last *First* *Middle*

Please list all other names by which you are known on any educational, business, or legal records:
 _____ / _____

Current Position: _____ Number of Years _____

College or Organization: _____ Number of Years _____

Other Most Recent Senior Level Administration Positions & Organization :
 _____ / _____ Number of Years _____
 _____ / _____ Number of Years _____

Business Contact Information:

Home Contact Information:

 Street

 City, State, Zip
 _____ / _____
 Business Phone Business Email

 Street

 City, State, Zip
 _____ / _____
 Home Phone Home Email

You may contact me at work

YES _____ NO _____
 _____ / _____
 Work Cell Phone Personal Cell Phone

 Drivers License Number _____ State _____ If non U.S., Issuing Authority _____

Social Security Number _____ US Citizen ? YES _____ NO _____

References

*List a minimum of 5 references beginning with your current immediate supervisor or Board Chair.
 Additional references may be attached to this sheet.*

Name and Position	Business Phone	Home Phone	Email

I give permission for the consultants working with the Board of Trustees of CCCC in its President Search to contact anyone listed on this data sheet or any other individuals who are likely to have information that would help in ascertaining my potential of success as the President of CCCC. I understand I need not be notified nor give any further permission for the reference checks to be conducted. I understand I will not be given the names of the references checked during this search nor do I have any rights to the results of those checks and reports given to the Board or any entity of the Board either verbally or in writing or any notes or records kept during the reference check process. I further understand that any application materials submitted to the Board of Trustees of CCCC will not be returned to me. I also give my permission for the consultants or their agents to conduct a criminal background check and/or a credit check on me. If I had questions or concerns regarding this information and the permission I am granting, I contacted Dr. Donny Hunter and those questions and concerns were either resolved or they are noted on the reverse side of this document. My signature below verifies that all information on this sheet, in the résumé I submit, in my signed letter of interest, and in any additional information I might be asked to submit is true, accurate, and complete. I understand that the submittal of untrue, inaccurate, or incomplete information will eliminate me from consideration as an applicant and, if discovered after the fact, would be grounds for dismissal should I be employed as President of Central Carolina Community College.

Applicant's Signature: _____ Date: _____