



**COASTAL BEND COLLEGE DISTRICT  
HUMAN RESOURCES  
3800 CHARCO ROAD  
BEEVILLE, TEXAS 78102  
(361) 354-2224**

**CLASSIFIED EMPLOYMENT APPLICATION**

This application is used in the selection process and all pages must be completed. You may make copies of this application and enter different position titles, but each copy must have an original signature. Resumes will not be accepted in lieu of applications. Attach extra sheets if necessary (references to resumes are NOT acceptable).

Position for which you are applying: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

Please select the site in which you are interested in working.

- Beeville       Alice       Pleasanton       Kingsville       Full-Time  
 Beeville Prison       Three Rivers Prison       Cuero Prison       Other       Part-Time

**A P P L I C A N T   I N F O R M A T I O N**

Last Name		First Name		Middle Name	
Mailing Address			City	State	Zip
Social Security Number (optional)		Home Phone	Alternate Phone		E-Mail Address

Please note that correspondence may be sent to you via e-mail. US mail will be used if no e-mail address is included on your application form.

**E D U C A T I O N**

Please list in order of attendance all educational institutions attended beginning with the high school from which you graduated.

Name of Institution	Location	Degree	Major	Minor
High School		Did you graduate? <input type="radio"/> Yes <input type="radio"/> No GED completed? <input type="radio"/> Yes <input type="radio"/> No		
Undergraduate College(s)				
Graduate College(s)				

If you attended college but did not graduate, how many hours are needed to earn a degree?      Associate      Bachelor

List any scholarships, academic honors, awards, or special accomplishments:

List languages (other than English) which you speak/read proficiently:

List computer skills you possess, including software in which you have demonstrated proficiency:

## LICENSES/CERTIFICATIONS HELD

Title of Credential	Subject Matter /Area	Date of Expiration

## WORK EXPERIENCE

List present or most recent experience first. Include armed services and volunteer work.  
Include those experiences that are most directly related to the position.

Firm Name	Firm Address	Dates (Mo./Yr.) From                      To
Position Title	Supervisor	Phone                                      Ext.
Reason for Leaving	Salary: Start                                      End	No. Hours Per Week:

Duties:

Firm Name	Firm Address	Dates (Mo./Yr.) From                      To
Position Title	Supervisor	Phone                                      Ext.
Reason for Leaving	Salary: Start                                      End	No. Hours Per Week:

Duties:

Firm Name	Firm Address	Dates (Mo./Yr.) From                      To
Position Title	Supervisor	Phone                                      Ext.
Reason for Leaving	Salary: Start                                      End	No. Hours Per Week:

Duties:

## A D D I T I O N A L   I N F O R M A T I O N

Are you currently employed?  Yes  No    May we contact your employer?  Yes  No    May we contact your former employers?  Yes  No

If accepted for employment, are you able to provide legal proof of authorization to work in the United States?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If you answered "Yes" to the question above, explain in detail on a separate sheet of paper, remembering to note the date and nature of the offense, the name and location of the court, and the disposition of the case. A conviction will not necessarily disqualify an applicant, but a false statement will.

## R E F E R E N C E S

Please provide a minimum of THREE (3) references , including your current or last supervisor.

Name of Individual	Position Title	Firm Name, Address and Telephone Number

PLEASE READ AND SIGN THE CERTIFICATION BELOW

***Coastal Bend College does not discriminate on the basis of race, creed, color, national origin, gender, age or disability.***

***I hereby certify that all statements on this document and all materials submitted for this position are true and complete to the best of my knowledge and belief. I understand that any untrue or incomplete statements may be considered grounds for rejection from the employment process or if employed, termination of employment. I waive the right to hold liable those persons whose names appear on the application form.***

Date \_\_\_\_\_ Signature \_\_\_\_\_



EQUAL EMPLOYMENT OPPORTUNITY INFORMATION REQUEST  
COASTAL BEND COLLEGE DISTRICT  
Human Resources  
3800 Charco Road  
Beeville, Texas 78102

Revised May 2011  
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Coastal Bend College is required by federal statute to maintain certain records as part of its Affirmative Action efforts. The information you voluntarily supply on this form is used for statistical reporting purposes only. It will be separated from your application form and will not be used in any way in evaluating your qualifications for employment.

POSITION APPLIED FOR: \_\_\_\_\_ SEX:  Male  Female

CITIZENSHIP: U.S.?  Yes  No Other Country? \_\_\_\_\_

ETHNICITY AND RACE: Are you Hispanic or Latino? (a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)  Yes  No

Please select the racial category or categories with which you most closely identify. Check as many as apply.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

QUALIFIED DISABILITY STATUS: The vocational Rehabilitation Act of 1973 defines a disabled person as one who: (1) has a physical or mental impairment which substantially limits one or more major life activities; (2) has a record of such an impairment, or (3) is regarded as having such an impairment. I meet the above qualified disability criteria  Yes  No

VETERAN'S DATA: Vietnam Era Veteran  Yes  No

Active duty for at least 181 days occurring between August 5, 1964 and May 7, 1975 and was honorably discharged or released sooner due to service related disability. Are you considered a disabled veteran by the U.S. Veteran's Administration?  Yes  No

Entitled to compensation by the Veteran's Administration for a disability rated 30% or more, or who was discharged or released from active duty by reason of service connected disability. Other Veteran  Yes  No

SOURCE OF INFORMATION: Where did you first learn of this position? Please specify:

- |  |  |       |
|--|--|-------|
| <input type="radio"/> Newspaper ad                 | <input type="radio"/> Professional organization: | _____ |
| <input type="radio"/> CBC. employee                | <input type="radio"/> Professional publication   | _____ |
| <input type="radio"/> Human Resources              | <input type="radio"/> Public agency              | _____ |
| <input type="radio"/> Job notice from the district | <input type="radio"/> Job Fair                   | _____ |
| <input type="radio"/> Internet/Web site            | <input type="radio"/> Other                      | _____ |

I decline to complete this form.

\_\_\_\_\_  
Print Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date