



Coastal Bend COLLEGE

3800 Charco Road Phone:361.354.2729

Beeville, TX 78102 Fax:361.358.3982

Email: bcjobs@coastalbend.edu

Employment Application

Position Applying For: _____

I am interested in working at: Beeville Alice Pleasanton Kingsville

Full-Time

Part-Time

Dual Enrollment
Name of High School:

Applicant Information				
Last Name		First Name		Middle Name
Mailing Address	City	State	Zip	Date
Home Phone		Cell 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.

Education Background				
Copies of Transcripts Required				
Name of	Location	Degree	Major	Minor
High School		Did you Graduate? Yes No GED Complete? Yes No		
Undergraduate College				

Graduate Colleges				

List principal publications, research projects, consulting or other work in professional field.

Teaching Experience		
List most recent experience first.		
Institution Name	Institution Address	Dates (From / To]
Position Title	Supervisor	Phone - - Ext:
Salary: Start _____ End _____		No. Hours Per Week:
Reason for Leaving:		
Job Duties:		

Teaching Experience Continued

Institution Name	Institution Address	Dates [From / To]
Position Title	Supervisor	Phone - - Ext:
Salary: Start _____ End _____		No. Hours Per Week:
Reason for Leaving:		
Job Duties:		

Texas Teaching Credentials; Teaching Credentials; Licenses (ie. LVN, CDL, etc)		
Copies of Licenses Required		
Title of Credential	Subject Matter	Date of Expiration

Non-Teaching and Administrative Experience

List most recent experience first. Include armed services and volunteer work. Include those experiences that are most directly related to the position. (Resume may be attached for additional job experience)

Firm Name	Firm Address	Date [From / To]
Position Title	Supervisor	Phone Ext: - -
Salary Start _____ End _____		No. Hours Per Week
Reason for Leaving:		
Job Duties:		
Firm Name	Firm Address	Date [From / To]
Position Title	Supervisor	Phone Ext: - -
Salary Start _____ End _____		No. Hours Per Week
Reason for Leaving:		
Job Duties:		

Why are you interested in employment at Coastal Bend College?

What is your philosophy of education at a community college?

Additional Information

Are you employed? Yes No May we contact your current employer? 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", 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.

Are you related to a member of the CBC Board of Trustees or the College President? Yes No

If you marked yes, please provide the name of the CBC Board of Trustee member and the type of relation.

Professional References

If you are presently teaching please include your supervisor as one of your references. Please include a minimum of FIVE (5) references to include some of the following: faculty, classified staff, counselor, supervisor, peer, student, community leader and industry partner.

Name of Individual	Position Title	Firm Name, Address and Telephone Number
		- - Ext:
		- - Ext:
		- - Ext:
		- - Ext:
		- - Ext:

Please Read and Sign

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.

Signature: _____ Date: _____

Employment Verification for Instructor Positions

Directions: Form must be completed by employer(s) and returned to Coastal Bend College's office of Human Resources. NOTE: If the applicant is self-employed, this form must be completed by at least two (2) current/former business clients. Additional copies of this form may be made as needed.

Applicant Name: _____ SSN: _____

Employer/Client Name: _____

Type of Business: _____

Dates of Employment: From _____ To _____

Employee Title: _____

List any title changes during the course of employment:

List Responsibilities:

The above verification was completed by:

Employer Signature: _____ Date: _____

Employer Printed Name:

Title: _____

Employment Verification for Instructor Positions

Directions: Form must be completed by employer(s) and returned to Coastal Bend College's office of Human Resources. NOTE: If the applicant is self-employed, this form must be completed by at least two (2) current/former business clients. Additional copies of this form may be made as needed.

Applicant Name: _____ SSN: _____

Employer/Client Name: _____

Type of Business: _____

Dates of Employment: From _____ To _____

Employee Title: _____

List any title changes during the course of employment:

List Responsibilities:

The above verification was completed by:

Employer Signature:

Date: _____

Employer Printed Name:

Title: _____