

3800 Charco Road Phone: 361.354.2224
Beeville, TX 78102 Fax: 361.358.3982
Email: humanresources@coastalbend.edu

Kingsville

Classified Application

Alice

Pleasanton

Beeville

Position Applying For: _____

I am interested in working at:

			Part-11	me	F	ull-1 ime	
	A	pplic	ant In	forn	nati	on	
Last Name		First	First Name			Middle Name	
Mailing Address City				State	Ziį	p	Date
Home Phone		Cell F	Cell Phone		E-mail Addr		ess
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.							
	Ec		tion Bass of Transcri		_	und	
Name of	Location		Degree		Majo	or	Minor
High School			GED Comple	No ete? No			
Undergraduate College							

Graduate Colleges						
Work Experience List 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	rectly related t		Date (Mo. / Yr.)		
Position Title	Supervisor		Phone -	Phone		
	Ext:					
Salary	1	No. Hours Pe	er Week			
Start End						
Reason for Leaving:		,				
Job Duties:						
Firm Name	Firm Address		Date (Mo. /	/ Vn 1		
I IIII I Naille	Till Muul 655		Date (IVIO. /			
Position Title	Supervisor		Phone			
	33,53		Ext:	-		
Salary		No. Hours Pe				

Reason for Leaving: Job Duties:
Job Duties:
Job Duties:
Job Duties:
bob bades.
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 CBC Board of Trustee Member? Yes No
If you marked yes, please provide the name of the CBC Board of Trustee Member and the type of relation.
References
Please include (3) work related references.
Name of Individual Position Title Firm Name, Address and
Telephone Number
Places Road and Sign
Please Read and Sign hereby certify that all statements on this document and all materials submitted for this position are true and
omplete 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
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COASTAL BEND COLLEGE DISTRICT Human Resources 3800 Charco Road Beeville, Texas 78102

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BACKGROUND CHECK AUTHORIZATION AND RELEASE FORM

I hereby authorize any investigator or duly accredited representative of Coastal Bend College bearing this release to obtain any information from schools, employers, criminal justice agencies, or individuals relating to my activities. This information may include, but is not limited to: academic performance, achievements, qualifications, work performance, work attendance, personal history, credit check, disciplinary issues, criminal arrest, and criminal conviction records. I hereby direct you to release such information upon request to bearer. I understand that the information released is for official use by Coastal Bend College and may be disclosed to such third parties as necessary in fulfillment of official responsibilities. This information is to be used to assist Coastal Bend College in determining any of my qualifications for the position I am seeking.

I hereby expressly consent to and authorize Coastal Bend College to verify all of the information I have provided and to conduct any type of background investigations Coastal Bend College deems necessary concerning my suitability for employment.

I hereby release any individual(s), including: current or former employers, Coastal Bend College and their officers, agents, and employees, and any other type of record custodians, from any and all liability for damages of whatever kind or nature which may at any time result from furnishing such information or on account of compliance, or any attempts to comply, with this authorization.

If employed by Coastal Bend College, I understand that any misrepresentation or omissions may be grounds for immediate termination at the discretion of the College. Applicant Signature Date Please place the cursor in the shaded area and type the requested information: Legal Name: First Middle (Maiden) Last List any other names used if different than name listed on application: Date of Birth (required for Driver's License # State Social Security Number background check) Zip Code Address City State Home Telephone #

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION REQUEST COASTAL BEND COLLEGE DISTRICT

Human Resources 3800 Charco Road Beeville, Texas 78102

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.

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POSITION APPLIED FOR:	GENDER: Male Female
CITIZENSHIP: U.S.? Yes No	Other Country?
ETHNICITY AND RACE: Are you Hispanic or Latino? Spanish culture or origin, regardless of race)	(a person of Cuban, Mexican, Puerto Rican, South or Central American, or other 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 Island	der
White	
	ehabilitation Act of 1973 defines a disabled person as one who: (1) has a physical or nore major life activities; (2) has a record of such an impairment, or (3) is regarded as ed disability criteria
VETERAN'S DATA: Vietnam Era Veteran	Yes No No
Active duty for at least 181 days occurring between A due to service related disability.	August 5, 1964 and May 7, 1975 and was honorably discharged or released sooner
Are you considered a disabled v	eteran by the U.S. Veteran's Administration?
Entitled to compensation by the Veteran's Administration by reason of service connected disability.	tion for a disability rated 30% or more, or who was discharged or released from active duty
Other Veteran Yes	No
SOURCE OF INFORMATION:	
Where did you first learn of this position? Please spe	cify:
Newspaper ad	Professional organization
CBC employee	Professional publication
Personnel Services Office	Public agency
Job notice from the district	Job Fair
Internet/Web site	Other
I decline to complete this form.	
Print Applicant Name	Applicant Signature Date

DPS Computerized Criminal History (CCH) Verification (AGENCY COPY)

	, acknowledge that a Computerized Criminal					
APPLICANT or EMPLOYEE NAME (Please print)						
History (CCH) check will be performed by accessing the Tex	-					
and will be based on name and DOB identifiers I supply. (This						
to access an individual's criminal history data may be found in	Texas Government Code 411; Subchapter F.					
Name-based information is not an exact search and	only fingerprint record searches represent true					
dentification to criminal history, therefore the organization conducting the criminal history check is not						
allowed to discuss with me any criminal history record infor						
may request that I have a fingerprint search performed to clea	• •					
name and DOB search. Once this process is completed the						
record may be discussed with me.	, , ,					
In order to complete the process I must make an appoin	tment with the Fingerprint Applicant Services of					
Texas (FAST) as instructed online at www.txdps.state.tx.us						
History or by calling the DPS Program Vendor at 1-888-467-208	·					
request a copy be sent to the agency listed below, and pay	· · · · · · · · · · · · · · · · · · ·					
company.	a fee of \$24.95 to the fingerprinting services					
(This copy must remain on file by your agency	y. Required for future DPS Audits)					
Signature of Applicant or Employee	Please:					
	Please: Check and Initial each Applicable Space					
Date	CCH Report Printed:					
Coastal Bend College						
Agency Name (Please print)	YES NO initial					
	Purpose of CCH:					
Agency Representative Name (Please print)	Empl Vol/Contractor initial					
	Date Printed: initial					
Signature of Agency Representative	Destroyed Date: initial					

Date

Rev. 09/2013

Retain in your files