



# Coastal Bend COLLEGE

3800 Charco Road Phone: 361.354.2224  
Beeville, TX 78102 Fax: 361.358.3982  
Email: [humanresources@coastalbend.edu](mailto:humanresources@coastalbend.edu)

## Professional Employment Application

Position Applying For: \_\_\_\_\_

I am interested in working at:   Beeville   Alice   Pleasanton   Kingsville  
                                  Bastrop   Three Rivers   Dual Enrollment

Name of High School:

Part-Time                      Full-Time

<b>Applicant Information</b>				
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.

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

<b>Graduate Colleges</b>				

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

<b>Teaching Experience</b>		
List most recent experience first.		
Institution Name	Institution Address	Dates ( Mo. / Yr.)
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 (Mo. / Yr.)
Position Title	Supervisor	Phone -                      -  Ext:
Salary: Start _____ End _____		No. Hours Per Week:
Reason for Leaving:		
Job Duties:		

## Texas Teaching Credentials

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.

Firm Name	Firm Address	Date (Mo. / Yr.)
Position Title	Supervisor	Phone Ext:       -       -
Salary Start _____ End _____		No. Hours Per Week
Reason for Leaving:		
Job Duties:		
Firm Name	Firm Address	Date (Mo. / Yr.)
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?                      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**

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: \_\_\_\_\_

COASTAL BEND COLLEGE DISTRICT  
Human Resources  
3800 Charco Road  
Beeville, Texas 78102  
(361) 354-2224 / Fax: (361) 358-3982

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:

\_\_\_\_\_  
Last

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
(Maiden)

List any other names used if different than name listed on application: \_\_\_\_\_

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License #

\_\_\_\_\_  
State

\_\_\_\_\_  
Date of Birth (required for  
background check)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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.

POSITION APPLIED FOR: \_\_\_\_\_ GENDER:  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="checkbox"/> Newspaper ad                 | <input type="checkbox"/> Professional organization | _____ |
| <input type="checkbox"/> CBC employee                 | <input type="checkbox"/> Professional publication  | _____ |
| <input type="checkbox"/> Personnel Services Office    | <input type="checkbox"/> Public agency             | _____ |
| <input type="checkbox"/> Job notice from the district | <input type="checkbox"/> Job Fair                  | _____ |
| <input type="checkbox"/> Internet/Web site            | <input type="checkbox"/> Other                     | _____ |

I decline to complete this form.

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

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

\_\_\_\_\_  
 Date

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

I, \_\_\_\_\_, acknowledge that a Computerized Criminal  
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency 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 identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

Coastal Bend College  
\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____      _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___      _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	