



Coastal Bend College District
3800 Charco Road
Beeville, Texas 78102
www.coastalbend.edu
(361) 354-2224
(361) 358-3982- fax

I am applying for the following position:

Date available for work: _____

I am interested in working at:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Beeville | <input type="checkbox"/> Pleasanton |
| <input type="checkbox"/> Alice | <input type="checkbox"/> Kingsville |
| <input type="checkbox"/> Beeville Prison | |
| <input type="checkbox"/> Three Rivers Prison | <input type="checkbox"/> Full-Time |
| <input type="checkbox"/> Cuero Prison | <input type="checkbox"/> Part-Time |
| <input type="checkbox"/> Other | |

PROFESSIONAL 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).

APPLICANT INFORMATION

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.

EDUCATION BACKGROUND

Please list in order of attendance all educational institutions attended beginning with the high school from which you graduated. The information on items below should be complete and accurate as it may be used as the preliminary basis for determining salary.

Name of Institution	Location	Degree	Major	Minor	Graduate Hours
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)					

Enter total upper division and graduate hours earned after the first bachelor's degree.

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

TEACHING EXPERIENCE

List present or most recent experience first.

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

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

Duties		
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T E X A S T E A C H I N G C R E D E N T I A L S (L I C E N S E S) H E L D

Title of Credential	Subject Matter /Area	Date of Expiration

N O N - T E A C H I N G A N D A D M I N I S T R A T I V E E X P E R I E N C E
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:		
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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:		
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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:		
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Why are you interested in employment at Coastal Bend College?

What is your philosophy of education at a community college?

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," 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.

P R O F E S S I O N A L R E F E R E N C E S

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

PLEASE READ AND SIGN

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 _____

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="radio"/> Newspaper ad | <input type="radio"/> Professional organization | _____ |
| <input type="radio"/> CBC employee | <input type="radio"/> Professional publication | _____ |
| <input type="radio"/> Personnel Services Office | <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



EMPLOYMENT VERIFICATION

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

Applicant Name: _____ SSN: _____

Employer/Client Name: _____

Type of Business _____

Supervisor Name & Title _____

Dates of Employment: From _____ to _____

Employee Title: _____

List any title changes during the course of employment:

List responsibilities:

Additional Comments:

The above verification was completed by:

Employer Signature: _____

Employer Name Printed: _____ Date: _____

Title: _____