



# HOWARD COLLEGE

BIG SPRING • LAMESA • SAN ANGELO • SWCID

# Application For Employment

Human Resources

1001 Birdwell Lane

Big Spring, TX 79720

email: [humanresources@howardcollege.edu](mailto:humanresources@howardcollege.edu)

Phone (432)264-5100

In compliance with the Americans with Disabilities Act, if accommodations are needed for the application process please inform the Human Resources Office.



# HOWARD COLLEGE

## HUMAN RESOURCES

1001 Birdwell Lane • Big Spring, TX 79720 • (432) 264-5100

### Application for Employment

It is the intent of the Howard County Junior College District to provide equal employment opportunity for all persons regardless of race, color, national origin, sex, disability, age, religion or veteran's status or any other protected class.

Official transcripts as well as any other documents disclosing credentials pertaining to a position will be required.

<b>Posted Position Title</b>	<b>Position Number</b>
If accepted, date available for work:	

#### PERSONAL DATA – PLEASE PRINT

Last Name	First Name	Middle Initial	Social Security #	
Street Address	City		State	Zip code
Home phone number	Other/message phone number	E-mail address		
Have you ever worked for HCJCD? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, dates _____ Title of last position? _____				
Are you related to any member of the Board of Trustees, faculty or staff of HCJCD? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, give name(s) and relationship(s): _____				
Are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	

#### EDUCATION

**High School Diploma or Equivalent:**  Yes  No

Colleges/University – Name and Location								
Name	City	State	Years Attended	Major	Degree Awarded	Type of Degree	Graduated ?	Graduation Date
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	
							<input type="checkbox"/> Yes <input type="checkbox"/> No	

## EMPLOYMENT EXPERIENCE

Start with your present or last position and work back. If you were ever employed in any position under a different name, for each position give the name used. Account for periods of unemployment. Use supplemental sheets if needed. **Include all relevant experience as salary is commensurate with experience. Resume only is not acceptable.**

Employer:		Employed From: _____		Month - Year	to	Month - Year
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Job Title:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time #hrs.wk _____	
Street Address		City		State	Zip Code	
Phone		Starting Salary: _____ Final Salary: _____		Name and Title of Immediate Supervisor and Phone #:		
Description of Duties: _____ _____						
Reason for leaving: _____						

Employer:		Employed From: _____		Month - Year	to	Month - Year
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Job Title:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time #hrs.wk _____	
Street Address		City		State	Zip Code	
Phone		Starting Salary: _____ Final Salary: _____		Name and Title of Immediate Supervisor and Phone #:		
Description of Duties: _____ _____						
Reason for leaving: _____						

Employer:		Employed From: _____		Month - Year	to	Month - Year
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Job Title:			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time #hrs.wk _____	
Street Address		City		State	Zip Code	
Phone		Starting Salary: _____ Final Salary: _____		Name and Title of Immediate Supervisor and Phone #:		
Description of Duties: _____ _____						
Reason for leaving: _____						

( Attach more pages if needed )

<b>REFERENCES (Do not include current supervisor) Minimum of 3 (do not include relatives)</b>			
Full Name	Occupation	Relationship	Telephone

**\*VETERAN STATUS\***

The following request for information is used for federal reporting purposes and to obtain information for the Military Veterans' Full Employment Act.

\_\_\_\_\_ **I am not a veteran**

**Veterans-please select your classification (1 box only)**

\_\_\_\_\_ Disabled Veteran

\_\_\_\_\_ Veteran

\_\_\_\_\_ Vietnam Era Veteran

\_\_\_\_\_ Recently Separated Veteran: means a veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

\_\_\_\_\_ Other Protected Veteran: means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. The information required to make the determination is available at <http://www.opm.gov/staffingportal/vgmedal2.asp>.

Are you a surviving spouse of a veteran (who has not remarried)?       YES       NO

Are you an orphan of a veteran, if veteran was killed while on active duty?       YES       NO.

**AGREEMENT**

I certify that all information contained in this application (and any accompanying documents) is true and correct, and further understand that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the college's service if I have been employed. Furthermore, I understand that just as I am free to withdraw my application at any time, the college reserves the right to withdraw an offer of employment at any time, with or without cause and without prior notice. I understand that no representative of the college has the authority to make any assurances to the contrary.

I authorize all persons listed in my application materials, to give the college any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise. I give the college the right to investigate all references and to secure additional information, if job related. I hereby release from liability the college and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Applicants who will be subject to a criminal background check authorize the Human Resources Office to perform this check and agree to provide any additional information if requested. Background check information will be kept confidential in the Human Resources Office.

If employed by the college, I agree to conform to all policies and procedures of the college. I understand that no representative of the college, other than the President or designee, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any assurance or promise of continued employment.

All new employees to the college eligible for ERS insurance coverage are subject to a 60 day waiting period before health insurance and prescription coverage begins if not currently covered under the ERS Group Benefit Program (i.e., no break in service).

The college does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

This application is current for only one year. At the conclusion of this time, if I wish to be considered for employment, it will be necessary to fill out a new application.

The Immigration Reform and Control Act of 1986 requires all applicants to provide proof of identity and eligibility to work in the United States.



The following request for information is used only for state and federal reporting purposes. Your assistance enables us to report more accurately. You may choose not to complete this section. Please indicate that choice below.

**\*AFFIRMATIVE ACTION SURVEY\***

Check one:  Male  Female

Check one:

- White  Black  Hispanic  
 Asian/Pacific Islander  Am. Indian/Alaskan

I choose not to complete this information

Please sign below as completion of application and that all is true and correct.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please print)

Position applying for: \_\_\_\_\_ Date: \_\_\_\_\_