



HOWARD COLLEGE

BIG SPRING • LAMESA • SAN ANGELO • SWCID

Application For Employment

Human Resources

1001 Birdwell Lane

Big Spring, TX 79720

email: humanresources@howardcollege.edu

Phone (432)264-5100



HOWARD COLLEGE

HUMAN RESOURCES

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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.

Posted Position Title	Position Number
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. Account for periods of unemployment. Include all relevant experience as salary is commensurate with experience. Resume only is not acceptable. Provide at least 10 years past experience if applicable.

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)

REFERENCES (Do not include current supervisor) Minimum of 3 (do not include relatives)			
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 ___ Disabled Veteran ___ Veteran **Veterans-please select your classification (1 box only)**

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. 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.

I understand I may be subject to a criminal background check.

All new employees 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). (Insurance is effective the 1st of the month following the 60th day of employment).



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: _____