



## Application for Employment

Western Texas College is an equal opportunity employer.

Please Type or Print in ink clearly.

### Personal Data

Last Name	First Name	Middle Name	Social Security Number
Present Address (Street)		(City, State, Zip)	
Phone			
Type of Employment: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>		Email Address:	
Position that you are applying for:		Date Available:	
Have you ever filed an application with us before? Yes <input type="checkbox"/> No <input type="checkbox"/>		May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you a current or former WTC employee? Yes <input type="checkbox"/> No <input type="checkbox"/>		If former employee, please state separation date:	
Are you related by blood or marriage to any current employee or any member of the Board of Trustees at Western Texas College? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, give name, title, & relationship:			
NAME:		TITLE:	RELATIONSHIP:

### Education

High School Graduate or GED? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, name and location of high school or GED _____					
Name and Location of School	Dates Attended From	To	Date Graduated	Type of Degree/Credential	Fields of Study
Please list any skills you have which relate to the position for which you are applying.					

### Employment History

Please list last three positions held, with most recent first. Complete all applicable data. **DO NOT** note "see resume".

<b>Name of Most Recent Employer</b>	<b>Job Title or Position Held</b>	<b>Date Started</b>	<b>Date Left</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Beginning Salary</b> \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	<b>Ending Salary</b> \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month		
<b>Supervisors Name &amp; Title</b>	<b>Reason For Leaving</b>		
<b>May we contact this employer?</b> Yes No	<b>Telephone Number:</b>		
<b>Description of Duties</b>			

<b>Name of Employer</b>	<b>Job Title or Position Held</b>	<b>Date Started</b>	<b>Date Left</b>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Beginning Salary</b> \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month	<b>Ending Salary</b> \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month		
<b>Supervisors Name &amp; Title</b>	<b>Reason For Leaving</b>		
<b>May we contact this employer?</b> Yes No	<b>Telephone Number:</b>		
<b>Description of Duties</b>			

<b>Name of Employer</b>	<b>Job Title or Position Held</b>	<b>Date Started</b>	<b>Date Left</b>
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<b>Supervisors Name &amp; Title</b>	<b>Reason For Leaving</b>		
<b>May we contact this employer?</b> Yes No	<b>Telephone Number:</b>		
<b>Description of Duties</b>			

<b>Explain any periods of unemployment</b>
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