



HUMAN RESOURCE OFFICE
 6200 COLLEGE AVENUE SNYDER, TX 79549
 (325) 574-7609 FAX (866) 796-0613

APPLICATION FOR EMPLOYMENT

FILL OUT APPLICATION COMPLETELY. PLEASE TYPE OR PRINT.

HOME PHONE _____

BUSINESS PHONE _____

MR. _____
 MS. _____
 DR. _____
(LAST) (FIRST) (MIDDLE)

ADDRESS: _____
(STREET) (CITY) (STATE, ZIP)

POSITION DESIRED: _____

CURRENT EMPLOYMENT: POSITION _____ FULL-TIME _____ PART-TIME _____

NAME OF ORGANIZATION _____ If employed, would you be willing to work/teach both on the Snyder campus and at the off-campus centers including the Texas Department of Criminal Justice units as part of your regular employment? YES _____ NO _____

EDUCATIONAL BACKGROUND (list most recent first)

NAME AND LOCATION OF SCHOOL	DEGREE OR CERTIFICATION OBTAINED	MAJOR AREA (S)	SEM. HRS.	MINOR AREA (S)	SEM HRS.

GRADUATE HOURS EARNED ABOVE LAST DEGREE _____ MAJOR AREA _____

LIST ANY OTHER PROFESSIONAL CERTIFICATION OR LICENSES WHICH YOU HOLD:

UNOFFICIAL TRANSCRIPTS OF ALL COLLEGE CREDITS MUST BE SUBMITTED BEFORE THIS APPLICATION CAN BE CONSIDERED.

INSTRUCTIONAL AND ADMINISTRATIVE EXPERIENCE (list most recent first)

# MONTHS & YEARS EMPLOYED	NAME/LOCATION OF SCHOOL	NAME OF SUPERVISOR/PHONE #	SUBJECT (S) TAUGHT OR ADMINISTRATIVE DUTIES

OTHER EMPLOYMENT EXPERIENCE (list most recent first)

# YEARS EMPLOYED	NAME & ADDRESS OF EMPLOYER	TYPE OF BUSINESS	RESPONSIBILITIES

PROFESSIONAL ORGANIZATIONS AND OTHER ACTIVITIES (List professional memberships)

LIST PUBLICATIONS

WOULD YOU BE WILLING TO SPONSOR STUDENT ACTIVITIES? YES NO

WHAT IS YOUR GENERAL ATTITUDE ABOUT STUDENT ACTIVITIES AND STUDENT SERVICES AS THEY RELATE TO THE ACADEMIC PROGRAM?

EDUCATIONAL PHILOSOPHY (DESCRIBE YOUR PHILOSOPHY ON EDUCATION. USE ONLY SPACE PROVIDED.)

EVALUATION (IN YOUR OPINION, HOW AND UPON WHAT CRITERIA SHOULD TEACHERS BE EVALUATED? USE ONLY SPACE PROVIDED.)

REFERENCES

FULL NAME	BUSINESS OR HOME ADDRESS	TELEPHONE WITH AREA CODE	OCCUPATION

I HEREBY AUTHORIZE ANY FORMER EMPLOYER OR ANY OTHER PERSON GIVEN AS REFERENCE, TO ANSWER ANY AND ALL QUESTIONS THAT MAY BE ASKED CONCERNING ME. THE FACTS SET FORTH IN MY APPLICATION FOR EMPLOYMENT ARE TRUE AND CORRECT. I UNDERSTAND THAT FACTUAL MISINFORMATION ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

_____ DATE

_____ SIGNATURE

WESTERN TEXAS COLLEGE IS AN EQUAL OPPORTUNITY INSTITUTION AND IS IN COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT. APPLICATIONS ARE ACCEPTED AND CONSIDERED WITHOUT REGARD TO RACE, COLOR, CREED, SEX, AGE, NATIONAL ORIGIN, VETERAN'S STATUS OR DISABILITY.

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