



**Texas Southmost College District**  
**80 Fort Brown**  
**Brownsville, Texas 78520**  
**(956) 882- 3879**  
**www.TSC.edu**

**EMPLOYMENT APPLICATION**

This application is used in the selection process and all pages must be completed.  
 Attach extra sheets if necessary

**A P P L I C A N T   I N F O R M A T I O N**

Last Name						First Name			Middle Name		
Address – No. & Street				City		State	Zip		Date		
Social Security Number			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.

**E D U C A T I O N   B A C K G R O U N D**

Please list in order of **attendance** all educational institutions attended beginning with the high school from which you graduated. The information on all 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	
High School					
Undergraduate College(s)					<b>Graduate Hours</b>
Graduate College(s)					

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

**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	
Reason for Leaving		Salary: Start                      End		No. Hours Per Week:	

Duties:

---



---

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

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

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

**TEACHING EXPERIENCE**  
List present or most recent experience first.

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

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

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

**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 you are not a U.S. citizen, can you (if accepted for employment) provide proof of your legal right as a non-citizen to remain and work in the U.S.?   Yes   No

Have you ever been convicted of a felony?   Yes   No

If "Yes", please provide year, location, nature of offense, and disposition. (Conviction of a crime will not necessarily disqualify an applicant from employment).

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

Please include a minimum of FIVE (5) references to include some of the following: faculty, classified staff, supervisor, board member, peer, community leader and industry partner.

Name of Individual	Firm Name/Position Title	Address and Telephone Number

**PLEASE READ AND SIGN:**

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 termination of employment. I waive the right to hold liable those persons whose names appear on the application form.

Date		Signature	
------	--	-----------	--

TEXAS SOUTHMOST COLLEGE DISTRICT  
80 Fort Brown  
Brownsville, Texas 78520  
(956) 882-3879/ Fax (956) 882- 8811

**BACKGROUND CHECK AUTHORIZATION AND RELEASE FORM**

I hereby authorize any investigator or duly accredited representative of Texas Southmost 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 Texas Southmost College and may be disclosed to such third parties as necessary in fulfillment of official responsibilities. This information is to be used to assist Texas Southmost College in determining any of my qualifications for the position I am seeking.

I hereby expressly consent to and authorize Texas Southmost College to verify all of the information I have provided and to conduct any type of background investigations Texas Southmost College deems necessary concerning my suitability for employment.

I hereby release any individual(s), including: current or former employers, Texas Southmost 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 Texas Southmost 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)

SS#:

Driver's License #

State

Address

City

State

Zip Code

Home Telephone #

**EQUAL EMPLOYMENT OPPORTUNITY INFORMATION REQUEST  
TEXAS SOUTHMOST COLLEGE DISTRICT  
80 Fort Brown  
Brownsville, Texas 78520**

Texas Southmost 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: \_\_\_\_\_ SEX: Male Female  
CITIZENSHIP: U.S.? YES NO Other Country?

ETHNIC DATA:  
American Indian or Alaskan Native  
American, or other Spanish culture or origin, regardless of race.)  
Asian or Pacific Islander  
Black (Not of Hispanic Origin)  
Hispanic (A person of Mexican, Puerto Rican, Cuban, Central or South  
White (Not of Hispanic Origin)

**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:

- |                              |                            |
|------------------------------|----------------------------|
| Newspaper ad                 | Professional organization: |
| TSC employee                 | Professional publication   |
| TSC District Office          | Public agency              |
| Job notice from the district | Job Fair                   |
| Internet/Web site            | Other                      |

I decline to complete this form.

\_\_\_\_\_  
Applicant Signature

Date