



MIDLAND COLLEGE

HUMAN RESOURCES



3600 N. Garfield • Midland, TX 79705-6397

Telephone: (432) 685-4532

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Website: www.midland.edu

Equal Employment Opportunity Policy: Midland College declares a policy of equal opportunity in employment and in all other personnel functions of the college such as, but not limited to: upgrading, demotion, transfer, recruitment, layoff, or termination; rates of pay or other forms of compensation; and training opportunities. Equal opportunity shall be provided to all applicants for employment and employees, without regard to their race, color, creed or religion, national origin, sex, age, disability, or other factors which cannot be lawfully the basis for a personnel decision.

Employment Application

Note to Applicant: Please print clearly in ink or type. All sections must be completed even if resume is attached. Fields with an (*) are required for form processing.

Personal Data					
LAST NAME*		FIRST NAME*		MI	SOCIAL SECURITY NUMBER*
STREET ADDRESS			CITY	STATE	ZIP
HOME (AREA CODE & PHONE NUMBER)		BUSINESS (AREA CODE & PHONE NUMBER)		EMAIL ADDRESS	
PERMANENT STREET ADDRESS			CITY	STATE	ZIP
DO YOU HAVE ANY RELATIVES EMPLOYED BY MIDLAND COLLEGE?*			THEIR POSITION AT MIDLAND COLLEGE?		
IF YES - NAME OF RELATIVE*					
ARE YOU NOW OR HAVE YOU EVER BEEN EMPLOYED BY MIDLAND COLLEGE? *			WHEN, WHERE AND IN WHAT POSITION?		

Position Applying For		
POSITION TITLE*	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	DATE AVAILABLE
MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, WHEN?	

Record of Education			
Copies of college transcripts are required when applying for positions requiring degrees; official transcripts are required upon employment.			
SCHOOL	GRADUATED	COMPLETED	MAJOR / MINOR AND YEARS ATTENDED
HIGH SCHOOL / GED / OTHER	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DIPLOMA <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> DEGREE <input type="checkbox"/> NONE	
CITY STATE			
COLLEGE / UNIVERSITY 1	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DEGREE(S) _____ _____ <input type="checkbox"/> CERTIFICATE <input type="checkbox"/> NONE	MAJOR _____ MINOR _____ YEARS ATTENDED _____
CITY STATE			

Record of Education

Copies of college transcripts are required when applying for positions requiring degrees; official transcripts are required upon employment.

SCHOOL	GRADUATED	COMPLETED	MAJOR / MINOR AND YEARS ATTENDED
COLLEGE / UNIVERSITY 2 CITY STATE	YES NO	DEGREES _____ _____ CERTIFICATE NONE	MAJOR _____ MINOR _____ YEARS ATTENDED _____
COLLEGE / UNIVERSITY 3 CITY STATE	YES NO	DEGREES _____ _____ CERTIFICATE NONE	MAJOR _____ MINOR _____ YEARS ATTENDED _____

NAME	ADDRESS	PHONE	OCCUPATION
1.			
2.			

LICENSES, CERTIFICATES, PERMITS HELD (PROVIDE NUMBER)	STATE OF RECORD	DATE ISSUED	EXPIRATION DATE
DRIVERS LICENSE NUMBER:			
1.			
2.			
3.			

NAME UNDER WHICH YOU ARE KNOWN TO EMPLOYERS OR SCHOOLS ATTENDED, IF DIFFERENT FROM YOUR CURRENT NAME:

MAY WE CONTACT THE EMPLOYERS LISTED? YES NO

HAVE YOU EVER BEEN CONVICTED FOR A VIOLATION OF ANY LAW OTHER THAN MINOR TRAFFIC VIOLATION? YES NO

IF YES, GIVE YEAR, LOCATIONS, AND NATURE OF CONVICTION AND DISPOSITION:

Work Experience

Start with your present or most recent work experience. All periods of employment or unemployment should be covered. This section must be completed even if enclosing a resume.

Section 1

DATE STARTED (mm-dd-yyyy)	DATE ENDED (mm-dd-yyyy)	NAME OF EMPLOYER
STREET ADDRESS		CITY, STATE AND ZIP CODE
PHONE	SUPERVISOR	SUPERVISOR'S POSITION
ENDING SALARY \$	JOB TITLE	
DUTIES		REASON FOR LEAVING

Section 2

DATE STARTED (mm-dd-yyyy)	DATE ENDED (mm-dd-yyyy)	NAME OF EMPLOYER
STREET ADDRESS		CITY, STATE AND ZIP CODE
PHONE	SUPERVISOR	SUPERVISOR'S POSITION
ENDING SALARY \$	JOB TITLE	
DUTIES		REASON FOR LEAVING

Section 3

DATE STARTED (mm-dd-yyyy)	DATE ENDED (mm-dd-yyyy)	NAME OF EMPLOYER
STREET ADDRESS		CITY, STATE AND ZIP CODE
PHONE	SUPERVISOR	SUPERVISOR'S POSITION
ENDING SALARY \$	JOB TITLE	
DUTIES		REASON FOR LEAVING

Section 4

DATE STARTED (mm-dd-yyyy)	DATE ENDED (mm-dd-yyyy)	NAME OF EMPLOYER
STREET ADDRESS		CITY, STATE AND ZIP CODE
PHONE	SUPERVISOR	SUPERVISOR'S POSITION
ENDING SALARY \$	JOB TITLE	
DUTIES		REASON FOR LEAVING

Section 5

DATE STARTED (mm-dd-yyyy)	DATE ENDED (mm-dd-yyyy)	NAME OF EMPLOYER
STREET ADDRESS		CITY, STATE AND ZIP CODE
PHONE	SUPERVISOR	SUPERVISOR'S POSITION
ENDING SALARY \$	JOB TITLE	
DUTIES		REASON FOR LEAVING

All applicants must read and sign the following statements ...

- 1) I certify that statements made by me in this application are true, complete, and correct to the best of my knowledge and belief. I understand that any false statements or omissions made by me in connection with my application may be grounds for rejection of my application or dismissal after employment.
- 2) I hereby authorize Midland College to investigate, through whatever means deemed appropriate by MC, any information included in this application and all facts resulting from the investigation unless otherwise noted. MC is also authorized to use any information obtained from its investigations to determine my suitability for employment. I release MC from any liability in connection with such investigation.
- 3) If employed, I agree to abide by the policies, procedures, rules and regulations of MC. I acknowledge the College's prerogative of revising its policies, procedures, rules and regulations at any time, and I agree to abide and be governed by such revisions.
- 4) I understand that any employee without written contract of employment, is employed on an at-will basis and employment may be terminated at any time by either the employee or MC, with or without cause.
- 5) I understand that submission of this application does not obligate MC in any way.
- 6) I hereby authorize any former employers or any other persons given as references (unless otherwise noted) to answer any questions that may be asked.
- 7) The Immigration Reform and Control Act of 1986 requires all applicants to provide proof of identity and eligibility to work in the United States prior to any offer of employment being made.
- 8) MC prohibits the unlawful manufacture, distribution, dispensation, possession, or use of controlled substances, illegal drugs, inhalants, and alcohol by employees on its property or as part of any of its activities. Any employee who violates these standards of conduct for illicit drugs, inhalants, or alcohol is subject to disciplinary sanctions including, but not limited to, termination of employment.
- 9) Except for licensed police officers, possession or use on the MC campus of any weapon is prohibited (specifically including firearms, explosive weapons, clubs, illegal knives, and other weapons as defined by Chapter 46, Texas Penal Code.) Any employee who violates this standard for weapons possession is subject to disciplinary sanctions including, but not limited to, termination of employment.
- 10) This application will be considered if it is completed, signed and dated below.

Signature of Applicant

Date (mm-dd-yyyy)

Midland College is proud to be an Equal Employment Opportunity Institution.

The Midland Community College District

Applicant Survey

Failure to complete this form will not be used against you by the district in considering your application for employment.

The information requested below will be used for Equal Opportunity Employment record keeping and study purposes. Neither this form nor the information you provide will be used for any other purpose not required by Federal, State and District guidelines. This form will be detached from your application prior to consideration for employment.

(Please Print)

1. **Position applied for:** _____
2. **Name:** _____ **Soc. Sec.#** _____
3. **Birthdate:** _____ 4. **Sex:** Male Female
5. **Ethnic Identification** (check one):
 01. **American Indian/Alaskan Native** (*persons who identify themselves and are known by such virtue of tribal association, Aleuts, or Eskimos*)
 02. **Asian Pacific Islander/Indo-European** (*persons of Japanese, Chinese Korean, Southeast Asian, Pacific Islander, Pakistani or East India ancestry*)
 03. **Black** (*persons of African descent as well as those identified as Jamaican and West Indian or from Trinidad; not of Hispanic origin.*)
 04. **White** (*persons of European descent; not of Hispanic origin.*)
 05. **Hispanic** (*persons of Mexican, Puerto Rican, Cuban, Latin American and Spanish Descent*)
 06. **Filipino** (*persons having origins in any of the original people of the Philippine Islands*)
 07. **Unspecified**
6. **Do you have a condition that requires an accommodation?** Yes No
7. **Where did you first learn of this position? Please specify:**

01. <input type="checkbox"/> Newspaper (please specify)	10. <input type="checkbox"/> Professional organization
02. <input type="checkbox"/> Television	11. <input type="checkbox"/> Professional publication
03. <input type="checkbox"/> District job tape (phone message)	12. <input type="checkbox"/> College placement service
04. <input type="checkbox"/> District job board	13. <input type="checkbox"/> Graduate Department
05. <input type="checkbox"/> District personnel receptionist	14. <input type="checkbox"/> Library
06. <input type="checkbox"/> Midland College District Employee	15. <input type="checkbox"/> Walk-in
07. <input type="checkbox"/> Job notice sent from the District	16. <input type="checkbox"/> Active File
08. <input type="checkbox"/> Job notice (other)	17. <input type="checkbox"/> M.C. employee referral
09. <input type="checkbox"/> Public agency	
8. **I decline to complete this form.**

Signature _____ Date _____

The Midland Community College District subscribes to and promotes the principles and implementation of equal opportunity.



MIDLAND COLLEGE
3600 NORTH GARFIELD
MIDLAND, TEXAS 79705
(432) 685-4500

Criminal History Record Release

I, _____, an applicant for employment with Midland Community College District, hereby authorize the Midland Community College District to obtain criminal history record information from any law enforcement agencies which may have criminal history record information on me, including but not limited to arrests, investigations, convictions, and other reports. I hereby release the Midland Community College District and any law enforcement agencies receiving a copy of authorization from liability for the release of any information to the Midland Community College District.

Position Applying For _____

Applicant's Signature _____

Date _____

Full Name _____

Date of Birth _____

(circle one) Male or Female Texas Driver's License # _____

Social Security # _____

Verification by Personnel Office _____ Date _____

The above Criminal History Information will be filed separately. This is a separate form and is not to be construed as a part of the application form.

Midland College is an Equal Opportunity Employer

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, have been notified that a Computerized Criminal History (CCH) verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply.

APPLICANT or EMPLOYEE NAME (Please print)

Because the name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization conducting the criminal history check for background screening is not allowed to discuss any criminal history record information obtained using the name and DOB method. Therefore, the agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (Automated Fingerprint Identification System). I have been made aware that in order to complete this process I must make an appointment with L1 Enrollment Services, submit a full and complete set of my fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Hire _____	Not Hired _____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	