



TYLER JUNIOR COLLEGE
 P. O. BOX 9020
 TYLER, TEXAS 75711-9020

TYLER JUNIOR COLLEGE
APPLICATION FOR EMPLOYMENT
 (Faculty/Administrative/Professional Staff)

GENERAL INSTRUCTIONS:

- This application must be completed by the applicant only.
- Please complete all pages.
- Attachment of a **resume** is encouraged, but will **not be accepted in lieu of a fully completed application.**
- If additional space is needed, attach a supplementary sheet.
- Please type or print in ink.

SECTION I. PERSONAL INFORMATION

Exclude any reference to your race, color, religion, national origin, creed, age or marital status.

NAME (LAST) (FIRST) (MIDDLE)		SOCIAL SECURITY NO.	DATE OF APPLICATION
PRESENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		AREA CODE & PHONE NO. (OFC.)	AREA CODE & PHONE NO. (HOME)
PERMANENT ADDRESS (IF DIFFERENT FROM ABOVE)			
HOW WERE YOU REFERRED TO TYLER JUNIOR COLLEGE?			
ARE YOU A VETERAN OF THE U.S. ARMED FORCES? [] Yes [] No	BRANCH		DATES OF ACTIVE DUTY
ARE YOU A CITIZEN OF THE UNITED STATES? [] Yes [] No	IF YOU ARE NOT A U.S. CITIZEN, HAVE YOU THE RIGHT TO REMAIN PERMANENTLY IN THE U.S.?		
HAVE YOU EVER BEEN CONVICTED OF A FELONY? IF SO, PLEASE EXPLAIN. [] Yes [] No			
ARE YOU RELATED BY KINSHIP OR MARRIAGE TO ANY CURRENT EMPLOYEE OR ANY MEMBER OF THE BOARD OF TRUSTEES OF TYLER JUNIOR COLLEGE? IF YES, GIVE NAME, TITLE/ ASSIGNED AREA, RELATIONSHIP. [] Yes [] No NAME: TITLE/ASSIGNED AREA: RELATIONSHIP:			

SECTION II. POSITION INFORMATION

TYPE OF POSITION DESIRED		
LIST THE SUBJECT AREAS IN WHICH YOU ARE QUALIFIED TO TEACH (MINIMUM REQUIREMENT FOR UNIVERSITY TRANSFER DISCIPLINES OR FIELDS: MASTER'S DEGREE WITH 18 GRADUATE HOURS IN SUBJECT AREA. MINIMUM REQUIREMENT FOR TECHNICAL COURSES: ASSOCIATE OF APPLIED SCIENCE DEGREE). THIS SECTION NOT APPLICABLE TO ADMINISTRATIVE APPLICANTS.		
DATE AVAILABLE	TYPE OF EMPLOYMENT [] Full-Time [] Part-Time	ARE YOU PRESENTLY EMPLOYED? [] Yes [] No
IF YES, GIVE NAME/ADDRESS OF EMPLOYER		
HAVE YOU APPLIED WITH TYLER JUNIOR COLLEGE BEFORE? [] Yes [] No		IF YES, INDICATE POSITION APPLIED FOR AND DATE OF APPLICATION.
HAVE YOU PREVIOUSLY BEEN EMPLOYED BY TJC? [] Yes [] No	POSITION	DATE

LICENSES, CERTIFICATES & REGISTRATIONS	ISSUING STATE/AGENCY	ISSUE MO. YR.	EXP. MO. YR.	I.D. NUMBER

RESEARCH & PUBLICATIONS (ATTACH SEPARATE SHEET IF NECESSARY)

FELLOWSHIPS, SCHOLARSHIPS & PROFESSIONAL HONORS	DATE	NAME OF AWARDING ORGANIZATION

COMMUNITY & PROFESSIONAL ORGANIZATIONS	DATE OF MEMBERSHIP	HIGHEST OFFICE HELD/DATES

COMMITTEE WORK & DATES (AT INSTITUTIONS WHERE EMPLOYED)	CHAIRMAN OR OFFICER

SECTION IV. EMPLOYMENT RECORD

TEACHING EXPERIENCE (LIST MOST RECENT EMPLOYMENT FIRST)

INSTITUTION/SCHOOL DISTRICT	STARTING DATE	BEGINNING SALARY	FACULTY RANK AND/OR TITLE
STREET ADDRESS	END DATE	FINAL SALARY	PRESENT OR FINAL POSITION TITLE
CITY, STATE, ZIP CODE	LAST SUPERVISOR'S NAME/TITLE		PHONE
POSITION DESCRIPTION <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			REASON FOR TERMINATION

INSTITUTION/SCHOOL DISTRICT	STARTING DATE	BEGINNING SALARY	FACULTY RANK AND/OR TITLE
STREET ADDRESS	END DATE	FINAL SALARY	PRESENT OR FINAL POSITION TITLE
CITY, STATE, ZIP CODE	LAST SUPERVISOR'S NAME/TITLE		PHONE
POSITION DESCRIPTION <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			REASON FOR TERMINATION

INSTITUTION/SCHOOL DISTRICT	STARTING DATE	BEGINNING SALARY	FACULTY RANK AND/OR TITLE
STREET ADDRESS	END DATE	FINAL SALARY	PRESENT OR FINAL POSITION TITLE
CITY, STATE, ZIP CODE	LAST SUPERVISOR'S NAME/TITLE		PHONE
POSITION DESCRIPTION <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			REASON FOR TERMINATION

INSTITUTION/SCHOOL DISTRICT	STARTING DATE	BEGINNING SALARY	FACULTY RANK AND/OR TITLE
STREET ADDRESS	END DATE	FINAL SALARY	PRESENT OR FINAL POSITION TITLE
CITY, STATE, ZIP CODE	LAST SUPERVISOR'S NAME/TITLE		PHONE
POSITION DESCRIPTION <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME			REASON FOR TERMINATION

NON-TEACHING EXPERIENCE (LIST MOST RECENT EMPLOYMENT FIRST)

EMPLOYER	STARTING DATE	BEGINNING SALARY	INITIAL POSITION TITLE
STREET ADDRESS	END DATE	FINAL SALARY	PRESENT OR FINAL POSITION TITLE
CITY, STATE, ZIP CODE	LAST SUPERVISOR'S NAME/TITLE		PHONE
POSITION DESCRIPTION <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME AVERAGE HRS. PER WEEK _____			REASON FOR TERMINATION

EMPLOYER	STARTING DATE	BEGINNING SALARY	INITIAL POSITION TITLE
STREET ADDRESS	END DATE	FINAL SALARY	PRESENT OR FINAL POSITION TITLE
CITY, STATE, ZIP CODE	LAST SUPERVISOR'S NAME/TITLE		PHONE
POSITION DESCRIPTION <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME AVERAGE HRS. PER WEEK _____			REASON FOR TERMINATION

EMPLOYER	STARTING DATE	BEGINNING SALARY	INITIAL POSITION TITLE
STREET ADDRESS	END DATE	FINAL SALARY	PRESENT OR FINAL POSITION TITLE
CITY, STATE, ZIP CODE	LAST SUPERVISOR'S NAME/TITLE		PHONE
POSITION DESCRIPTION <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME AVERAGE HRS. PER WEEK _____			REASON FOR TERMINATION

EMPLOYER	STARTING DATE	BEGINNING SALARY	INITIAL POSITION TITLE
STREET ADDRESS	END DATE	FINAL SALARY	PRESENT OR FINAL POSITION TITLE
CITY, STATE, ZIP CODE	LAST SUPERVISOR'S NAME/TITLE		PHONE
POSITION DESCRIPTION <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME AVERAGE HRS. PER WEEK _____			REASON FOR TERMINATION

ADDITIONAL SHEETS MAY BE ADDED IF NECESSARY

IF APPLYING FOR A VOCATIONAL/TECHNOLOGY INSTRUCTOR POSITION, INDICATE TOTAL MONTHS OF FULL-TIME WORK EXPERIENCE IN OCCUPATIONAL FIELD FOR WHICH APPLICATION IS MADE

