



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

TYLER JUNIOR COLLEGE
APPLICATION FOR EMPLOYMENT
(Maintenance)

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	DATE AVAILABLE	TYPE OF EMPLOMENT [] Full-Time [] Part-Time	ARE YOU PRESENTLY EMPLOYED? [] Yes [] No
IF YES, GIVE NAME/ADDRESS OF EMPLOYER			
WILL YOU WORK IRREGULAR HOURS? [] Yes [] No	WILL YOU WORK EVENINGS/WEEKENDS? [] Yes [] No	PREFERRED HOURS	
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	
LIST TRAINING OR SPECIAL SKILLS DIRECTLY RELATED TO THE POSITION FOR WHICH YOU ARE APPLYING			
_____ _____ _____ _____			
LIST ANY MACHINES OR EQUIPMENT THAT YOU ARE QUALIFIED AND EXPERIENCED IN OPERATING			
_____ _____ _____ _____			

SECTION IV. EMPLOYMENT RECORD

(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	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	AVERAGE HRS. PER WEEK	REASON FOR TERMINATION	

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STREET ADDRESS	END DATE	FINAL SALARY	PRESENT OR FINAL POSITION TITLE
CITY, STATE, ZIP CODE	LAST SUPERVISOR'S NAME/TITLE		PHONE
POSITION DESCRIPTION	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	AVERAGE HRS. PER WEEK	REASON FOR TERMINATION	

SECTION V. GENERAL INFORMATION

IF THERE IS ADDITIONAL INFORMATION WHICH YOU WOULD LIKE TO ADD TO THIS APPLICATION,
YOU MAY USE THE SPACE BELOW OR ATTACH ADDITIONAL PAGES

FOREIGN LANGUAGE SKILLS:

SPEAK	READ	WRITE
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SECTION VI. REFERENCES

List at least three references other than employers or relatives who have knowledge of your experience or education.
Listing thereof indicates your permission for referral by appropriate College personnel.

NAME	POSITION		
ADDRESS			
CITY	STATE	ZIP	BUSINESS PHONE
			HOME PHONE

NAME	POSITION		
ADDRESS			
CITY	STATE	ZIP	BUSINESS PHONE
			HOME PHONE

NAME	POSITION		
ADDRESS			
CITY	STATE	ZIP	BUSINESS PHONE
			HOME PHONE

AUTHORIZATION

Read thoroughly before signing:

I hereby authorize College officials to conduct a thorough investigation of former or present employment and activities in verification of all statements contained in this application. I agree to cooperate in such investigation and release from all liability or responsibility all persons, companies and/or corporations supplying such information. All information contained in this application for employment is true and correct to the best of my knowledge. I further understand that misrepresentation or omission of facts called for in this form is cause for termination of employment without notice. I understand that this application will receive careful consideration, but acceptance of it for filing affords no assurance of eventual employment. I understand that an incomplete application may not be considered. I further understand that any offer of employment tendered me is contingent upon my agreement to abide by the rules and regulations of the Board of Trustees of Tyler Junior College.

SIGNATURE OF APPLICANT _____ DATE _____

FOR OFFICE USE ONLY: TO BE COMPLETED BY TYLER JUNIOR COLLEGE STAFF AFTER EMPLOYMENT

STARTING DATE	DIVISION/OFFICE	STARTING SALARY	
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
SPOUSE'S NAME	OCCUPATION	EMPLOYEE'S DATE OF BIRTH	NO. OF CHILDREN
IN CASE OF EMERGENCY NOTIFY			RELATIONSHIP
ADDRESS	CITY/STATE/ZIP	BUSINESS PHONE	HOME PHONE
ANY PHYSICAL PROBLEMS OR INFORMATION WHICH COULD BE PERTINENT INFORMATION IN THE EVENT OF AN EMERGENCY?			

Send application to:
DIRECTOR OF HUMAN RESOURCES
TYLER JUNIOR COLLEGE
P.O. BOX 9020
TYLER, TX 75711

Tyler Junior College gives equal consideration to all applicants for admission, employment and participation in its programs and activities without regard to race, creed, color, national origin, gender, age, marital status, disability or veteran status.