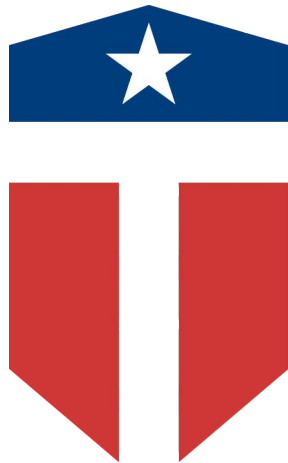


(Human Resources Use Only) ID#: _____

Date: _____

Name: _____
(Last, First, MI)



**CENTRAL
TEXAS
COLLEGE**

For Students of the Real World

Employment Application

Central Texas College and its Operating Units, Divisions and Sponsored Activities are committed to affirmative action, equal employment opportunity, and the diversity of its workforce. The college does not discriminate on the basis of race, color, religion, gender, national origin, age, disability, veterans' status, genetic information, sexual orientation, or gender identity.

If in completing your application, you find that space is inadequate, or if you wish to provide additional information, please feel free to do so on a separate signed sheet of paper. You may attach additional data to this application such as a resume. Your interest in our organization is appreciated, and you are assured that we are sincerely interested in your qualifications and capabilities. A clear understanding of your background and work history will aid us in considering you for the position.

Copies of all college transcripts are required for evaluation and/or verification purposes.

Attention Online Users.

Please complete all applicable information.

Please ensure that you have signed and dated the application on page 4.

Return to CTC reception desk, Bldg 103 or fax to (254) 526-1170

<http://www.ctcd.edu>

Central Texas College is an Equal Opportunity Employer

Personal Data {Please Enter Text or Click Drop Down Menu in Boxes and Tab}

Name (Last, First, Middle): _____	Social Security No.: _____	Today's Date (MM/DD/YY): _____
Present Address: Mailing: _____ City/State/Zip: _____	How long have you lived at this address? ____ Years or ____ Months	
Previous Address (If Applicable): Mailing: _____ City/State/Zip: _____	Contact Information: Day No.: _____ Evening No.: _____	
Email Address: _____	Are you a US Citizen? <input type="radio"/> Yes <input type="radio"/> No	

Position applying for: _____ Requisition No.: _____
 Although management makes every effort to accommodate individual preferences, organizational needs may at times make the following conditions mandatory: overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday. If hired, I understand and accept these as conditions of employment with Central Texas College. *Please Initial:* _____

How did you learn about this opening: _____	Rate of Expected Pay: \$ _____ per _____	Specify days and hours if part-time: _____
Have you previously been employed by Central Texas College? <input type="radio"/> Yes <input type="radio"/> No Dates Employed: _____ to _____ If Yes, Where? _____ If Yes, under what name? _____		

List any relatives who are employed by the College: _____
 If hired, on which date would you be available to start work (MM/DD/YY): _____

Are you legally eligible for permanent employment in the United States? Yes No I understand that if hired, as a condition of employment and to comply with the Immigration Reform and Control Act, I may be required to furnish proof that I am legally entitled to permanently work in the United States.
 If No, please explain on an attached sheet.

Are you a retiree under the Texas Retirement System (TRS) or Optional Retirement Program (ORP)? Yes No
 If Yes, From _____ to _____

Have you ever been convicted of a felony? Yes No
 Have you ever been convicted for a violation of any law other than minor traffic violations? Yes No
 If yes, please explain on an attached sheet marked "confidential" and provide the year, location, and nature of conviction and disposition. This will be evaluated for ability/restrictions to work at the college. I understand that failure to disclose and abide by this institution's higher education sex offender registration requirements may result in termination. *Please Initial:* _____

Educational Background

Name of High School attended: _____ Address: _____	Are you a High School Graduate: <input type="radio"/> Yes <input type="radio"/> No
If No, do you have a GED? <input type="radio"/> Yes <input type="radio"/> No If Yes, where and when did you obtain a GED? _____	OFFICE USE ONLY Typing Test WPM: _____

List your education since High School, including Colleges, Universities, and Business, Technical, Trade, and Correspondence Schools. **Copies of transcripts are required for evaluation and/or verification purposes including course work without a degree.**

School Name	From Month/Year (MM/YY)	To Month/Year (MM/YY)	Major/Minor Course Title	Number of Credit Hours	Degree or Certificate received (List Lower to Higher)

Educational Background (continued)

Current Licenses/Certifications/Registrations (Indicate types, dates received, issuing state and level, as applicable).

Please indicate your skills applicable to the position you are seeking. List all special skills you possess and machine or office equipment you can use (i.e. copiers, software, scanners, etc.). I understand that I may be asked to demonstrate my ability to perform the essential functions of the job.

Current and Prior Work History

Please List in Order, Last or Current Employer First (Attach additional work history, if necessary.)

Dates (MM/YY): _____ to _____ Rate of Pay: Start _____ Finish _____ Hours worked per week: _____

Title: _____

Employer's name: _____ Address: _____

Supervisor's name and title: _____ Phone no.: _____

Reason(s) for leaving: _____

Summarize work performed:

May we contact the employer? Yes No

Dates (MM/YY): _____ to _____ Rate of Pay: Start _____ Finish _____ Hours worked per week: _____

Title: _____

Employer's name: _____ Address: _____

Supervisor's name and title: _____ Phone no.: _____

Reason(s) for leaving: _____

Summarize work performed:

May we contact the employer? Yes No

Dates (MM/YY): _____ to _____ Rate of Pay: Start _____ Finish _____ Hours worked per week: _____

Title: _____

Employer's name: _____ Address: _____

Supervisor's name and title: _____ Phone no.: _____

Reason(s) for leaving: _____

Summarize work performed:

May we contact the employer? Yes No

Military Service Record

A copy of a DD 214, Report of Separation from Active Duty, may be required

Have you ever served in the Armed Forces? Yes No If Yes, what branch: _____

Dates of duty (MM/DD/YY): From _____ To _____

Rank at discharge or present rank: _____

Summarize work performed:

Additional References

Name: _____ Occupation: _____
Address: _____ Phone No.: _____
Name: _____ Occupation: _____
Address: _____ Phone No.: _____
Name: _____ Occupation: _____
Address: _____ Phone No.: _____

Person to Be Notified in Case of Accident or Emergency

Name: _____ Occupation: _____
Address: _____ Phone No.: _____

Applicant's Certification and Agreement

I hereby certify that the information set forth herein and in submission of this employment application are true and complete. **I understand that if employed, falsified statements of omission of information shall be considered sufficient cause for dismissal of grounds for refusal to consider or hire for employment.** I do hereby agree and give my full consent that former employers and any other persons/agencies who may have information concerning me (including records of criminal convictions, credit history, military services work records, driving records, educational records, and history of absenteeism) to furnish such information to Central Texas College and to release such persons and officials from any and all liability or claims arising from the furnishing, receiving, or collection of such information. It is understood and agreed that any information or data obtained will be made a part of my official personnel file of Central Texas College and may not be released without my permission.

I understand that as a condition of any offer of employment or as a condition of continued employment, I may be subject to a background check including but not limited to criminal, driving, and credit history. My signature below is full consent for Central Texas College District to conduct a background check as necessary. I understand that I may be required to disclose additional information.

I understand that my employment with CTCD is an at-will relationship; as it is of a consensual nature, either CTCD or I may terminate this relationship at any time, with or without cause, and with or without notice. I understand that no manager or representative of CTCD, other than the Chancellor, has the authority to enter into any agreements of employment for any specified period of time or to make any agreements contrary to the foregoing. I further understand that any agreement altering the at-will relationship must be in writing and signed by both the Chancellor and the employee.

My personal information may may not be disclosed to third parties. I may at any time request in writing to withhold personal information to third parties or to limit which information may be released to third parties.

Applicant's Signature: _____ **Date:** _____
(Signature Required)

Applicants applying for certain positions may be required to complete other forms such as those specified by the Federal Communications Commission, Federal Aviation Agency, and/or Statement of Qualifications required by the State of Texas.

Thank you for completing this application form and for your interest in employment with Central Texas College.

Anyone who believes that he or she has been discriminated against in hiring or promotion and wishes to file a complaint may do so by contacting:

Coordinator EEO/AA
Bldg 103, Room 107
6200 West Central Texas Expressway
Killeen, Texas 76549-4199
Phone (254) 526-1391

Mail Applications to:
CTCD Employment Services
P.O. Box 1800
Killeen, Texas 76540-1800

Return Applications to:
Employment Services
Bldg 103, Room 103
6200 West Central Texas
Expressway
Killeen, Texas 76549-4199
Phone (254) 526-1158
Fax (254) 526-1170

Central Texas College

To: All Central Texas College Applicants and Employees

From: Asst. Human Resource Director, Shelly Gonsalves

Subject: Affirmative Action/Equal Employment Opportunity Reporting

Federal law requires Central Texas College to request the gender, ethnicity, race and veterans status of **all** persons who apply for employment, express an interest in employment, or who are employees of the Central Texas College District.

We are requesting your cooperation in collecting the information on the next page. *This information will be used only for data collection and reporting purposes including the institution's Affirmative Action Plan.* *While you are not compelled to provide the data, if not provided we will make every effort to complete the information by other means. If provided, the information will neither enhance nor detract from your opportunity for employment at this institution and will be treated as strictly confidential data. The information is **not** made available to persons responsible for employment decisions. Furthermore, you have our assurance that the data collected is never reported by name.

Please note that the new reporting requirements require a selection for Ethnicity being Hispanic/Latino or non-Hispanic and it does allow for selection of multiple race categories.

If you have any questions concerning this request or would like to discuss this matter with me personally, please do not hesitate to contact me at (254) 526-1304.

Thank you for your assistance.

AA/EEO INFORMATION

Name: _____
(Print)

Birth Date: (MM/DD/YY) _____ Gender: Male Female

Part 1: Ethnicity: Is the person Hispanic/Latino? (Choose only one)

<input type="radio"/> Hispanic or Latino Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish Culture or origin, regardless of race.	HR USE ONLY	<input type="radio"/> NOT Hispanic/Latino	HR USE ONLY
	HIS		NHS

(Choose one or more)

<input type="radio"/> White (Not of Hispanic origin) Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.	WH	<input type="radio"/> American Indian or Alaska Native Persons having origins in Native Alaskan or Central or South America who maintain cultural identification through tribal affiliation or community recognition.	AN
<input type="radio"/> Asian Persons having origins in the Far East, Southeast Asia, or Indian Subcontinents.	AS	<input type="radio"/> Native Hawaiian or Other Pacific Islander- A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	HP
<input type="radio"/> Black or African American (Not of Hispanic origin) Persons having origins in any of the black or African American racial groups of Africa.	BL		

Please select the appropriate category(ies) for which you qualify:

<input type="radio"/> Armed Forces Service Medal Veteran A veteran who, while serving on active duty in the Armed Forces, participated in a United States Military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.	HR USE ONLY	<input type="radio"/> Other Protected Veterans Veterans who served in the military, ground, naval or air service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been awarded.	HR USE ONLY
	A		O
<input type="radio"/> Disabled Veteran A person who is a veteran and who is entitled to disability compensation under laws administered by the Veteran's Administration with disabilities to include all veterans with a service connected disability.	R	<input type="radio"/> Newly Separated Veterans Any veteran who served on active duty in the U.S. military, ground, naval or air service within 36 months from discharge or release from active duty.	N
		To identify the campaigns or expeditions that meet this criterion, contact the <i>Office of Personnel Management (OPM)</i> and ask for the <i>OPM VETS</i> guide, <i>Appendix A</i> . A local OPM telephone number may be found in the telephone book under Federal Government or consult Directory Assistance for your area code for the nearest OPM location. For those with Internet access, the information required to make this determination is also available at: http://www.opm.gov/veterans/html/vgmedal2.asp	

*The Affirmative Action Plan may be reviewed by any employee or applicant in the Employment Services/Equal Employment Office, by appointment during normal business hours, Monday - Friday.

DISCLOSURE AND AUTHORIZATION
[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING AUTHORIZATION]

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Central Texas College - Main Campus ("the Company") may obtain information about you from a consumer reporting agency in connection with your employment application. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records ("driving records"), verification of your education or employment history, or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Pre-Employ.com, Inc., Compliance Department, P.O. Box 491570, Redding, California 96049-1570, or by fax to (888) 999-3839, or another outside organization. The scope of this notice and authorization is all-encompassing, allowing the Company to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and throughout the course of your potential employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

New York and Maine Applicants Only: You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. You may also contact the Company to request the name, address and telephone number of the nearest unit of the consumer reporting agency designated to handle inquiries, which the Company shall provide within 5 days.

New York Applicants or Employees Only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such a report was requested, informed of the name and address of the consumer reporting agency that furnished y report. By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

[www.labor.state.ny.us/agencyinfo/PDFs/CorrectionLaw%20Article%2023-A%20 4 .pdf](http://www.labor.state.ny.us/agencyinfo/PDFs/CorrectionLaw%20Article%2023-A%204.pdf)

Oregon Applicants Only: Information describing your rights under federal and Oregon law regarding consumer identity theft protection, the storage and disposal of your credit information, and remedies available should you suspect or find that the Company has not maintained secured records is available to you upon request.

Washington State applicants or Employees Only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

ACKNOWLEDGEMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" by the Company at any time after receipt of this authorization and throughout my employment, if applicable, in connection with or resulting from my application. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, the Company, or insurance company to furnish any and all background information requested by Pre-Employ.com, Inc., Compliance Department, P.O. Box 491570, Redding, California 96049-1570, or by fax to (888) 999-3839, another outside organization acting on behalf of the Company itself in connection with or resulting from my application. I agree that a facsimile ("fax"), electronic or photographic copy of this Authorization shall be as valid as the original.

New York Applicants or Employees only: By signing below, you also acknowledge receipt of Article 23-A of the New York Correction Law.

[www.labor.state.ny.us/agencyinfo/PDFs/CorrectionLaw%20Article%2023-A%20 4 .pdf](http://www.labor.state.ny.us/agencyinfo/PDFs/CorrectionLaw%20Article%2023-A%204.pdf)

Minnesota and Oklahoma Applicants Only: Please mark an "X" here if you would like to receive a copy of a consumer report if one is obtained by the Company.

California Only: By signing below, if you are a California applicant, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please mark an "X" here if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

If you are a California applicant or employee, pursuant to Section 1024.5 of the California Labor Code the Company informs you that it will obtain a credit report about you from Pre-Employ.com, Inc., Compliance Department, P.O. Box 491570, Redding, California 96049-1570, (800) 300-1821, if you are seeking to work in one of the following positions: a managerial position; a position in the Department of Justice; a sworn peace officer or other law enforcement officer; a position for which the information contained in the report is required by law to be disclosed or obtained; a position that involves regular access to specified personal information for any purpose other than the routine solicitation; and processing of credit card applications in a retail establishment, such as bank or credit card account information, social security number, or date of birth; a position in which you are, or would be, a named signatory on the bank or credit card account of the employer; authorized to transfer money on behalf of the employer; or authorized to enter into financial contracts on behalf of the Employer; a position that involves access to confidential or proprietary information; a position that involves regular access to \$10,000 or more of cash. If you are not applying for or in one of the above described employment positions the Company will not obtain a consumer credit report on you.

Signature: _____

Date: _____

Print Name: _____



DISCLOSURE AND AUTHORIZATION INFORMATION FORM - EMPLOYMENT

(Note: The following information is for identification purposes only. Please print clearly in Black Ink!)

Name: Last	First	Middle
List all other names used in the last 7 years:		
Date of Birth:	Social Security Number:	
Drivers License Number:	State issued:	
Current Address:		
City:	State:	Zip:
Address History - Please list the city, state, and zip you have lived or worked in for the past 7 years with approximate dates:		
Dates:	City:	State: Zip:
Dates:	City:	State: Zip:
Dates:	City:	State: Zip:
Daytime phone number: ()	Email Address:	
***** APPLICANT – DO NOT WRITE BELOW THIS LINE *****		

Company ID: 15179	Company Name: Central Texas College - Main Campus	PO#
Please indicate the services you would like to request for this applicant. Fax this sheet to 888-999-3839 or enter the information at https://www.pre-employ.com		
Basic Services Requested: Package A – SSN, Criminal (All Names, All Counties), US Criminal		
Additional Services Requested: Please check box		
<input type="checkbox"/> Social Security Trace <input type="checkbox"/> Criminal History Check <input type="checkbox"/> Drivers License Check <input type="checkbox"/> Employment Verification <input type="checkbox"/> Degree / Education Verification <input type="checkbox"/> Reference Check <input type="checkbox"/> OIG/GSA Check <input type="checkbox"/> National Wants and Warrants <input type="checkbox"/> Credit Report	<input type="checkbox"/> Anti Terrorist Watch List <input type="checkbox"/> NCFS <input type="checkbox"/> Civil History <input type="checkbox"/> Federal Criminal History <input type="checkbox"/> Federal Civil History <input type="checkbox"/> Sex Offender <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Drug Test	

**DISCLOSURE AND AUTHORIZATION INFORMATION FORM – REFERENCE,
EDUCATION OR LICENSE VERIFICATION**

(Note: The following information is for identification purposes only. Please print clearly in Black ink).

THE FOLLOWING MUST BE FILLED OUT COMPLETELYPLEASE USE A PEN WITH BLACK INK
(Please Print Clearly)

Name: Last	First	Middle
Home address		
City	State	Zip

Please provide the following information for each company listed on employment application (Use Additional Paper if Necessary):

Company	Dates of Employment From	To	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address			
City	State	Zip	
Position	Supervisor	Telephone (include Area Code)	
Company	Dates of Employment From	To	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address			
City	State	Zip	
Position	Supervisor	Telephone (include Area Code)	
Company	Dates of Employment From	To	May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address			
City	State	Zip	
Position	Supervisor	Telephone (include Area Code)	

Please provide the school, university or college name (highest level of education received):

Institution		Institution	
Location	Attendance Dates:	Location	Attendance Dates
Degree	Major/Minor	Degree	Major/Minor
Name used while attending:		Name used while attending:	

Personal References (Individuals with whom you have worked): Professional License Information:

Name:	Phone:	License Type:	License Number:
Name:	Phone:	Issuing Authority:	State:
Name:	Phone:	Issue Date:	Expiration Date:

SIGNATURE: X _____ DATE _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you have ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answers you give will be kept private and will not be used against you in any way.

If you already work for us, your answers will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

First Name

Last Name

Today's Date (mm/dd/yy)

PEID #

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take a bout 5 minutes to complete.