



Angelina
College

“A Great Place to Work”

Application for Employment

It is important that you fill out this application completely. An incomplete application may not be considered. The responsibility to complete the application process rests with the applicant. A resume should supplement the application, but a resume may not be considered in place of the application.

1.0 IDENTIFICATION

Name:	Street:	City:	State:	Zip:
Telephone:	Alternate Telephone:	Email:		
SSN:	Date:	Position applying for:		
Date you can begin work:	Are you a citizen or permanent resident of the United States? Yes No If NO, please give Visa status:			
To comply with the Angelina College policy on employment of relatives, answer the following: Are you related to any current Angelina College employee or Board member? Yes No If YES, state name and department:				

2.0 EDUCATIONAL BACKGROUND

Did you complete high school or obtain a GED? Yes High School Attended:	No GED; Date Obtained:			
Colleges & Universities Attended	Location	Dates	Degree Awarded	Major(s)

3.0 EMPLOYMENT HISTORY

(List most recent employer first) May we contact your current and previous supervisors? Yes No

Please complete this section in its entirety, even if supplemented by a resume.

Name of Employer & Location	Supervisor & Phone Number	Start mm/yy	End mm/yy	Ending Salary mo hr	Reason for Leaving
Job Title & Duties					
Name of Employer & Location	Supervisor & Phone Number	Start mm/yy	End mm/yy	Ending Salary mo hr	Reason for Leaving
Job Title & Duties					
Name of Employer & Location	Supervisor & Phone Number	Start mm/yy	End mm/yy	Ending Salary mo hr	Reason for Leaving
Job Title & Duties					
Please describe any incident in which you were discharged:					

4.0 SKILLS AND INTERESTS

Computer/office skills (e.g. types of software, hardware, office equipment, etc.):
Licenses & Certifications:
Foreign Languages:
Special Interests, Hobbies, or Civic Endeavors:

5.0 PROFESSIONAL REFERENCES (Do not list family members.)

Name	Occupation	Phone Number	Relationship to Applicant

6.0 CONVICTION RECORD (Attach additional sheets if necessary)

Have you ever been convicted of a violation of any local, state, or federal law, other than minor traffic violations? (This includes a plea of guilty or no contest.) Yes No If YES, list all convictions below, from the oldest to the most recent.			
Date of Conviction Month and Year	Misdemeanor	Felony	Offense (Do not use abbreviations)

7.0 ADDITIONAL INFORMATION

Give a brief statement as to why you believe you would like to work at Angelina College and any additional information not included which might assist in evaluating your application:
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I certify the statements made by me in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statement made herein will void this application and any actions based upon it. If I am employed, any misstatement or omission of fact on this application may result in my dismissal. I agree to keep this application current should any of the information change. I authorize Angelina College to make reference checks relating to my employment, and I also authorize all prior employers to provide full details concerning my past employment. I understand that this application and all attachments are the property of Angelina College and that my application will remain under consideration until the position I applied for has been staffed. The filing of this application and the acceptance thereof does not obligate Angelina College to respond in any way or take any action. I understand that acceptance of an offer of employment by me creates no obligation upon Angelina College to continue to employ me in the future. I understand that any offer of employment is contingent upon my completing the Immigration and Naturalization Service Employment Eligibility Verification (Form I-9) and providing documents to verify my identity and employment eligibility as required by law. When completing the Form I-9, I will be required to attest that I am a citizen of the U.S., a lawful Permanent Resident or an alien authorized to work.

I certify that all information submitted on this form is my own work, factually true, and honestly presented. I understand that my application will not be considered for employment should the information I've certified be false.

Date of Application: _____ **Signature:** _____

Return Application, Cover Letter, Resume, and College Transcripts (Faculty/Professional Positions only):

Angelina College, c/o Human Resources
3500 South First Street, Administration Building Room 201
Mailing Address: P.O. Box 1768 Lufkin, TX 75902-1768
ewalker@angelina.edu, PH: (936) 633-4511, FAX: (936) 633-3230

Angelina College is an equal opportunity employer committed to the principles of diversity in all aspects of its operations. Every individual will be considered solely on the basis of his/her qualifications and without regard to race, color, sex, religion, national origin, age, disability or Vietnam-era veteran status. In accordance with the Americans with Disabilities Act, applicants are welcome to request accommodations for any portion of the application process by asking a human resources representative for assistance.

Check one:
Original report
Add or change

Angelina College Employee Personal Data

Date: _____ Name: _____
Last
First
Middle

Social Security Number: _____ Birthdate: _____
Month/Date/Year

Male Female	Marital Status	Married Single	Highest Education Level	1-Less than high school 4-Baccalureate Degree 7-Special Professional (M.D., D.V.M., etc.)	2-High School/GED 5-Master's Degree	3-Associate Degree 6-Doctoral Degree
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EEO Minority Code	*Disability No or Decline to Provide Information Yes (<i>If yes, give name of impairment below</i>)
1-White 4-Asian or Pacific Islander 5-American Indian or Alaskan Native	2-Black 3-Hispanic

*Veteran Status (See second page. Check all that apply.) Veteran (other than Vietnam) Disabled Veteran Vietnam Veteran Orphan of Veteran Surviving Spouse of Veteran Other Veteran Designation No/Decline to Provide Information Newly Separated Veteran	Citizenship: _____ <i>Country</i> VISA Type: _____ <i>If other than U.S.</i> Expiration Date: _____
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Residence Address Street: City: State: ZIP: Phone:	Mailing Address Street/P.O. Box: City: State: ZIP: Phone:
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In Event of Emergency Notify: Relationship: Address: Phone #:	Previously employed by AC: Yes No <i>(If yes, detail dates, title, department, etc. below)</i>
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Relatives who are AC employees: _____ (*If yes, give name, relation and department*)
 Yes No

How did you learn about this position?

Radio Station _____ AC Website AC Employee _____
 Newspaper _____ Friend Other _____