

# TRINITY VALLEY COMMUNITY COLLEGE

## APPLICATION FOR EMPLOYMENT

**Please follow the following instructions, failure to do so can result in disqualification for consideration:**

- All items must be completed and turned in for consideration:
  - A completed Trinity Valley Community College Application for Employment
  - A resume
  - All copies of transcripts of any college hours (you will need to furnish “official” transcripts if hired)
- It is important that you fill out the application completely.
- Incomplete applications will not receive further consideration.
- Please attach a supplementary sheet with additional information if there is insufficient space provided under any of the items below.
- It is important that you fulfill any additional requirements notated in the vacancy announcement. (i.e., essay requirements, or certificate requirements, etc.)
- You may make copies of this application and enter different position titles, but each copy must have an original signature.
- Each job you apply for will require a separate application, resume and set of transcript copies. We cannot make copies for you.
- Resumes attached to this application will not be accepted in lieu of a fully completed application.
- To email your information please scan and send to [tquattlebaum@tvcc.edu](mailto:tquattlebaum@tvcc.edu) or [humanresources@tvcc.edu](mailto:humanresources@tvcc.edu).
- You may turn in your information in person to Tina Quattlebaum, Human Resources Dept. located at 100 Cardinal Dr., Athens, TX 75751 #AD214
- If you have your “official” transcripts sent to the college please be sure to send them to the address above and send :  
ATTN: Tina Quattlebaum
- If you have any questions or concerns in regards to a position opening please contact Tina Quattlebaum at 903-675-6308 or email [tquattlebaum@tvcc.edu](mailto:tquattlebaum@tvcc.edu).

**PLEASE TYPE OR PRINT**



## PERSONAL DATA

Date:	E-mail Address:			
Name:	Last	First	Middle	
Address:	Street	City	State	Zip
Home Telephone #:	Office/Mobile Telephone #:			

May we contact you at work?  Yes  No Are you seeking:  FULL-TIME  PART-TIME (Check one only)

List exact title of position or type of work for which you wish to apply: \_\_\_\_\_

Required salary: \$\_\_\_\_\_ Campus location preferred:  Athens  Palestine  Terrell  Kaufman  TDCJ

Are you legally authorized to work in the United States?  Yes  No

Are you related by blood or marriage to any member of the Board of Trustees, faculty, or staff of Trinity Valley Community College?

Yes  No If yes, give name and relationship: \_\_\_\_\_

Are you now working or have you ever worked for Trinity Valley Community College?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you a veteran of the U.S. military service?  Yes  No

Have you ever been convicted of a felony or misdemeanor offense?  Yes  No If yes, please explain on a separate sheet of paper.  
Have you ever pled guilty or nolo contendere (no contest) to a particular kind of offense?  Yes  No If yes, please explain in concise detail on a separate sheet of paper, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case. Convictions may not disqualify you, but false statements will.

## SKILLS INVENTORY

Indicate skills or technical proficiencies with the total number of years of experience you have in the following categories:

<input type="checkbox"/> Post-secondary teaching _____	<input type="checkbox"/> Clerical _____	<input type="checkbox"/> Computer _____
<input type="checkbox"/> Accounting/bookkeeping _____	<input type="checkbox"/> Typing Speed _____ WPM _____	<input type="checkbox"/> Software _____
<input type="checkbox"/> Mainframe data processing _____	<input type="checkbox"/> Supervisory _____	<input type="checkbox"/> Ten-key calculator _____
<input type="checkbox"/> Licensed Texas Peace Officer _____	<input type="checkbox"/> Instructional Media _____	<input type="checkbox"/> PBX/switchboard _____
<input type="checkbox"/> Driver's License: State _____ Class _____ No. _____ Exp. Date _____		

Specify other skills directly related to the position for which you are applying: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION AND TRAINING

School	Location		Graduate		Degree, Diploma, or GED	Minor Field	Sem. Hours
	City	State	Yes	No			
High School Last Attended			<input type="radio"/>	<input type="radio"/>			
College/University			<input type="radio"/>	<input type="radio"/>			
College/University			<input type="radio"/>	<input type="radio"/>			
College/University			<input type="radio"/>	<input type="radio"/>			
College/University			<input type="radio"/>	<input type="radio"/>			
College/University			<input type="radio"/>	<input type="radio"/>			
Total Hours of Undergraduate Work:			Total Hours of Graduate Work: Master's			Above Master's:	

### Other Related Vocational Educational Training or Experience (other than courses on transcript)

Institution/Organization	Courses Completed	Hours	Date Completed

Licenses, Certificates & Registrations	Issuing State/Agency	Issued Month/Year	Expiration Month/Year	I.D. Number

If applying for a vocational/technical instructor position, indicate total months of full-time work experience in occupational field for which application is made. If hired as a vocational/technical instructor, you will be required to provide supporting documentation that validates all related work experience used to confirm your teaching qualifications.

## EMPLOYMENT HISTORY

List all employment starting with present or most recent employer. Account for all periods, including unemployment and military service. Also, include relevant voluntary and/or part-time work experience.

May we contact your current or most recent employer?     Yes     No

Please list any other name(s) you may have used while working or attending school: \_\_\_\_\_

Employer:	Starting Date:	Initial Position Title:
Street Address:	End Date:	Present or Final Position Title:
City/State/Zip:	Last Supervisor's Name/Title:	Phone:
Summary of Experience:		<input type="radio"/> Full-Time <input type="radio"/> Part-Time  ___ Average Hours per week ___ If supervisory, number of employees supervised
Reason for leaving:		

Employer:	Starting Date:	Initial Position Title:
Street Address:	End Date:	Present or Final Position Title:
City/State/Zip:	Last Supervisor's Name/Title:	Phone:
Summary of Experience:		<input type="radio"/> Full-Time <input type="radio"/> Part-Time  ___ Average Hours per week ___ If supervisory, number of employees supervised
Reason for leaving:		

Employer:	Starting Date:	Initial Position Title:
Street Address:	End Date:	Present or Final Position Title:
City/State/Zip:	Last Supervisor's Name/Title:	Phone:
Summary of Experience:		<input type="radio"/> Full-Time <input type="radio"/> Part-Time  ___ Average Hours per week ___ If supervisory, number of employees supervised
Reason for leaving:		

# PROFESSIONAL REFERENCES

List at least three references other than employers or relatives who have knowledge of your experience or education.

Name:	Occupation/Title:	
Address:	Business Phone #:	Home Phone #:

Name:	Occupation/Title:	
Address:	Business Phone #:	Home Phone #:

Name:	Occupation/Title:	
Address:	Business Phone #:	Home Phone #:

If there is additional information which you would like to add to this application, you may use the space below or attach additional pages.

## PLEASE READ CAREFULLY

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, misrepresentations, or omissions made by me in connection with my application may be grounds for rejection of my application or, if hired, immediate employment termination.

I hereby authorize Trinity Valley Community College to evaluate and investigate any information included in this application. TVCC is also authorized to use any information obtained from its investigations to determine my suitability for employment. I release TVCC from any liability in connection with such investigation.

I hereby authorize my former employers or any other persons given as references (unless otherwise noted) to answer any questions that may be asked.

I understand that submission of this application does not obligate me or TVCC in any way.

I agree to furnish additional information as required by TVCC. I also agree to take a physical examination, if required, after an offer of employment, at TVCC expense.

If employed, I agree to abide by the policies, procedures, rules, and regulations of TVCC as they exist currently and as they may be revised.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit proof within the required time shall result in immediate employment termination.

This application, together with all attachments, becomes the property of the College; and as such, this application becomes public record and is subject to disclosure.

Employment at TVCC shall be "at-will" and may be terminated either by TVCC or the employee with or without cause. Any oral statements or promises to the contrary are not binding upon TVCC.

I have read the statements above and understand their content.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

This application, along with documentation as required in the vacancy announcement, must be submitted before the deadline to:

**HUMAN RESOURCES  
TRINITY VALLEY COMMUNITY COLLEGE  
100 CARDINAL DRIVE  
ATHENS, TX 75751**

Email: [humanresources@tvcc.edu](mailto:humanresources@tvcc.edu)

**Office Location: Administration Building (903) 675-6308 Fax: (903) 675-6248**

Trinity Valley Community College does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For questions or concerns regarding discrimination based on disability, contact: ADA/Section 504 Coordinator, 100 Cardinal Drive, Athens, TX 75751, 903-675-6224, [disability@tvcc.edu](mailto:disability@tvcc.edu). For all other questions or concerns regarding discrimination, contact: Director of Human Resources/Title IX Coordinator, 100 Cardinal Drive, Athens, TX 75751, 903-675-6215, [humanresources@tvcc.edu](mailto:humanresources@tvcc.edu).

# DPS Computerized Criminal History (CCH) Verification

## (AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____	NO _____ initial
Purpose of CCH: _____	
Empl ___	Vol/Contractor ___ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	

