



SOUTH TEXAS COLLEGE
Office of Human Resources
2501 W. Pecan Blvd.
McAllen, TX 78501

Please have all documents filled out completely before returning the application packet to the Office of Human Resources. Following the order in the checklist will expedite the application process.

1. _____ Fill out application, sign and date it. Please include job title and job announcement number on application
2. _____ Submit letter of intent (*cover letter*)
3. _____ Submit current resume
4. _____ Submit list of names, addresses and phone numbers of five (5) professional references.
5. _____ Submit copies of transcripts with the application packet.

The application packet will NOT be processed without transcript copies attached.

OFFICIAL transcripts (*sealed and mailed from the granting institution*) will only be required if **HIRED**. Foreign transcripts must be evaluated by an approved evaluation service. Please refer to <http://hr.southtexascollege.edu/approvedevalservices.aspx> for a list of approved **NACES® Members (August 2012)**

6. _____ Fill out Release Form

NOTE: By policy, we do **NOT** make any copies of the requested materials. The applicant must provide the above materials for **EACH** position applying for. Failure to submit the above materials with each application will prevent the application from being processed.

Thank you for applying at South Texas College. You may always check our web site at www.southtexascollege.edu for current job openings and Southern Association of Colleges and Schools (SACS) approved evaluation companies.

The South Texas College Human Resources web site is updated weekly.

No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored or conducted by South Texas College on the basis of race, color, national origin, religion, sex, age, veteran status, or disability.

SOUTH TEXAS COLLEGE
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
ADJUNCT APPLICATION FOR EMPLOYMENT

DATE: _____

Print in black ink or type. These instructions must be followed exactly. Fill out the application form completely; if questions are not applicable, enter "N/A". Do not leave questions blank. Resumes will be accepted for whatever additional information they contain, but not in place of a completed STC application. Be sure to sign the application when it is completed. *No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored by South Texas College on the basis of race, color, national origin, religion, sex, age, veteran status or disability.* **Return application packet to the Office of Human Resources.** This application becomes public record and is subject to disclosure.

NAME: _____ SOCIAL SECURITY NO: _____ - _____ - _____
 (Last) (First) (Middle)

MAILING ADDRESS: _____ PHONE: (_____) - _____ - _____
 (Street) (City) (State) (Zip)

EMAIL ADDRESS: _____ @ _____ PHONE: (_____) - _____ - _____

LIST ANY OTHER NAMES USED IF DIFFERENT FROM NAME ON THIS APPLICATION _____

POSITION APPLYING FOR:	SALARY DESIRED:
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Full-time _____ Part-time _____ Temporary _____ Date available for work _____ Are you willing to travel? Yes _____ No _____

You may be required to drive for College business; therefore, we request that you provide the following information for insurance purposes. State _____ Driver's License Number: _____ . List any driving violations incurred in the past five (5) years: _____
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Have you ever worked for South Texas College before? _____ If yes, when _____

Do you have any relatives either employed by **South Texas College** or serving on the **Board of Trustees of South Texas College**? Yes _____ No _____ If yes, give name(s), relationship and department: _____

Have you ever been arrested, except for misdemeanor traffic violations, of a felony or misdemeanor? Yes _____ No _____ If yes, explain on the supplemental information sheet the nature of each arrest, the date of arrest, the jurisdiction where the arrest occurred, how you pled to the offense charged, and the disposition of the case.

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country? Yes _____ No _____

Are you able to perform the essential functions of the job for which you are applying, with or without an accommodation? Yes _____ No _____

If an accommodation(s) is necessary, explain how would you perform the tasks, and with what

accommodation(s). _____

Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential

EDUCATION: Elementary or high school grade completed

(Circle) 1 2 3 4 5 6 7 8 9 10 11 12 Name of High School _____ Did you achieve your GED? Yes _____ No _____

TRANSCRIPTS MAY BE REQUIRED FOR VERIFICATION OF HIGH SCHOOL COMPLETION AND ARE REQUIRED FOR ALL POST SECONDARY EDUCATION

Type of School	Name and Location of School	Dates Attended		Sem./Clock Hours Completed	Graduated		Expected Graduation Date	Type of Diploma or Degree	Major Minor Field of Study
		From Mo/Yr	To Mo/Yr		Yes	No			
Graduate School(s)	_____	_____	_____	_____	_____	_____	_____	_____	_____
Colleges or Universities	_____	_____	_____	_____	_____	_____	_____	_____	_____
Technical Vocational, or Business Schools	_____	_____	_____	_____	_____	_____	_____	_____	_____

Current Licenses/Certifications/Registrations (Indicate types and dates received): _____

Special Skills: List all special skills you possess and machines or office equipment you can use, i.e. adding machines, word processing software, data processing equipment etc.: _____

MILITARY SERVICE:

(Active Duty Branch) _____ Dates from _____ to _____
Are you an Active Reserve? Yes ___ No ___ (Note: A certified photostatic copy of a report of separation from the Armed Forces may be required)
Are you a veteran? Yes ___ No ___ If yes, list discharge status. _____ Dates of Service: _____
Are you a surviving spouse of a veteran? Yes ___ No ___ Are you a surviving orphan of a veteran? Yes ___ No ___
Please list dates of service for the veteran for which you are a surviving spouse or orphan: _____

EMPLOYMENT RECORD: List below all present and past employment starting with your most recent employer. Account for all periods of unemployment. **YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME.**

Employer _____ Mailing Address _____ City/State/Zip _____	Type of Business _____ _____ Phone Number _____	Full Time _____ Part Time _____ Temporary _____
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Starting Date: _____ Leaving Date: _____ Starting Base Salary: _____ Ending Base Salary: _____
Mo _____ Yr _____ Mo _____ Yr _____ \$ _____ \$ _____

Starting Position Title: _____ Present or Last Title: _____
Immediate Supervisor: _____ Describe your duties and responsibilities: _____

Explain your reason for leaving: _____

Employer _____ Mailing Address _____ City/State/Zip _____	Type of Business _____ _____ Phone Number _____	Full Time _____ Part Time _____ Temporary _____
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Starting Date: _____ Leaving Date: _____ Starting Base Salary: _____ Ending Base Salary: _____
Mo _____ Yr _____ Mo _____ Yr _____ \$ _____ \$ _____

Starting Position Title: _____ Present or Last Title: _____
Immediate Supervisor: _____ Describe your duties and responsibilities: _____

Explain your reason for leaving: _____

Employer _____ Mailing Address _____ City/State/Zip _____	Type of Business _____ _____ Phone Number _____	Full Time _____ Part Time _____ Temporary _____
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Starting Date: _____ Leaving Date: _____ Starting Base Salary: _____ Ending Base Salary: _____
Mo _____ Yr _____ Mo _____ Yr _____ \$ _____ \$ _____

Starting Position Title: _____ Present or Last Title: _____
Immediate Supervisor: _____ Describe your duties and responsibilities: _____

Explain your reason for leaving: _____

Employer _____ Mailing Address _____ City/State/Zip _____	Type of Business _____ _____ Phone Number _____	Full Time _____ Part Time _____ Temporary _____
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Starting Date: _____ Leaving Date: _____ Starting Base Salary: _____ Ending Base Salary: _____
 Mo _____ Yr _____ Mo _____ Yr _____ \$ _____ \$ _____

Starting Position Title: _____ Present or Last Title: _____

Immediate Supervisor: _____ Describe your duties and responsibilities: _____

Explain your reason for leaving: _____

Employer _____ Mailing Address _____ City/State/Zip _____	Type of Business _____ _____ Phone Number _____	Full Time _____ Part Time _____ Temporary _____
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Starting Date: _____ Leaving Date: _____ Starting Base Salary: _____ Ending Base Salary: _____
 Mo _____ Yr _____ Mo _____ Yr _____ \$ _____ \$ _____

Starting Position Title: _____ Present or Last Title: _____

Immediate Supervisor: _____ Describe your duties and responsibilities: _____

Explain your reason for leaving: _____

PLEASE ACCOUNT FOR PERIODS OF UNEMPLOYMENT:

STC MAY CONTACT: Present Employer: Yes _____ No _____ Former Employer: Yes _____ No _____

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED:

1. I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete. I have not knowingly withheld any information requested on this form which may have bearing on an employment decision. I understand and agree that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination, regardless of the time elapsed before discovery.
2. I certify that the foregoing statements are all given of my own free will.
3. I understand that if employed, I will by my acceptance of employment, agree to abide by the rules and regulations of the College and Board of Trustees of South Texas College.
4. I understand and agree that my employment with the College is at-will unless I have a written agreement stating otherwise, that is signed by both the authorized official of the College and myself.
5. I understand that I will be required within three days of employment to provide documents establishing my identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.
6. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education or any other information they may have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

 Applicant Signature

 Date

APPLICANTS FOR ADJUNCT FACULTY POSITIONS shall: 1) complete the following information to verify that applicant would meet the Southern Association of Colleges and Schools Criteria for Accreditation requirements. * 2) Attach copies of transcripts to this form and highlight all graduate level class on your transcripts that you wish to have considered towards the 18 hour requirement. **NO APPLICATION WILL BE CONSIDERED WITHOUT ALL COPIES OF TRANSCRIPTS**

Date _____ Name(Print) _____

Applying for Adjunct Instructor in the area of: _____
 (Field or discipline)

I have received a _____ from _____
 (MA, PHD, etc.) (Name of Institution)

If Master's Degree is in area other than teaching discipline, the 18 graduate hours in the teaching discipline must be listed below in order for STC to determine that your credentials meet the requirements*:

<u>Course #</u>	<u>Course Title</u>	<u>Semester Hours</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Board Policy 4151 states, "South Texas College recruits and employs the most competent faculty members qualified to accomplish the mission and goals of the institution. When determining acceptable qualifications of faculty, the College will give primary consideration to the highest earned degree in the discipline in accordance with the guidelines listed below. The College will also consider competence, effectiveness, and capacity, including, as appropriate, undergraduate and graduate degrees, related work experiences in the field, professional licensure and certifications, honors and awards, continuous documented excellence in teaching, or other demonstrated competencies and achievements that contribute to effective teaching and student learning outcomes. The College assumes responsibility for justifying and documenting the qualifications of its faculty."

The College has adopted the Commission Guidelines for Faculty Credentials, published by the Southern Association of Colleges and Schools for defining faculty qualifications as stated in Board Policy 4151

- a. Faculty teaching general education courses at the undergraduate level:
 - doctorate or master's degree in the teaching discipline or a doctorate or master's degree with a minimum of 18 graduate semester hours in the teaching discipline.
- b. Faculty teaching associate degree courses designed for transfer to a baccalaureate degree:
 - doctorate or master's degree in the teaching discipline or a doctorate or master's degree with a minimum of 18 graduate semester hours in the teaching discipline.
- c. Faculty teaching associate degree courses not designed for transfer to the baccalaureate degree:
 - a minimum of a bachelor's degree in the teaching discipline, or associate's degree and demonstrated competencies in the teaching discipline.
- d. Faculty teaching baccalaureate courses:
 - doctorate or master's degree in the teaching discipline or a doctorate or master's degree with a minimum of 18 graduate semester hours in the teaching discipline.

In addition, the College will hire faculty that meet or exceed the following minimum qualifications for Certificate and Developmental courses:

- a. Faculty teaching certificate courses that are not included in an associate degree:
 - certificate of completion and significant demonstrated work experience.
- b. Faculty teaching certificate courses that are included in an associate degree:
 - associate's degree and demonstrated competencies in the teaching discipline.
- c. Faculty teaching developmental courses:
 - bachelor's degree in the teaching discipline related to their teaching assignment and either classroom experience in a discipline related to their teaching assignment or graduate semester hours in education.



Office of Human Resources
2501 W. Pecan Blvd.
McAllen, Texas 78501
Office (956) 872-4448 & Fax (956) 872-4445

BACKGROUND CHECK AUTHORIZATION AND RELEASE FORM

I hereby authorize any investigator or duly accredited representative of South Texas College bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies including but not limited to the Texas Department of Public Safety and Federal Bureau of Investigation, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by South Texas College and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature, which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

The information requested below is necessary to obtain criminal history record information as required by state law (The Texas Education Code Section §51.215). I understand that the age, sex, and ethnic information is required by the Texas Department of Public Safety, and will be used solely for the purpose of obtaining history record information.

I also understand that if employed, my employment with South Texas College will be subject to the outcome of the criminal history investigation. If the results reveal any criminal offenses including, but not limited to theft, that I failed to disclose on my job application, South Texas College has the right to terminate my employment.

Signature _____ Date _____

Please print or type the following information: Do not leave any blank spaces

Form with fields for Legal Name (Last, First, Middle), Address, Phone, City, State, Zip Code, Driver License #, and a section for listing past 10 years of addresses.

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) 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, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the 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 \$24.95 to the fingerprinting services company.

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

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

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

Notice to South Texas College community:

Federal Clery Act

South Texas College is committed to assisting all members of the community in their personal safety and security. A Federal law known as the Clery Act requires all colleges and universities to prepare an Annual Security Report and make it available to the public. This report can be accessed on the South Texas College Police Department website at <http://police.southtexascollege.edu/clery-act-statistics/>. A paper version of the Annual Security Report is also available at the Police Department located at 3200 W. Pecan Blvd., Room 159, McAllen, Texas 78501 or you can request that a copy be mailed to you by calling 956-872-2589. The website and report contains information regarding campus security and personal safety including topics such as: crime prevention, college police law enforcement authority, crime reporting policies, and other matters of importance related to security on campus.

Other resources

- STC graduation Completion and Transfer Rate:
http://accesspoint.southtexascollege.edu/factbook_test/default.aspx
- Students Rights under FERPA:
<http://studentservices.southtexascollege.edu/admissions/records/index.html#family>
- Students Rights and Responsibilities:
<http://studentservices.southtexascollege.edu/studentlife/judicial/>

***** PLEASE KEEP THIS PAGE FOR YOUR RECORDS. *****