



2200 East Red River | Victoria, Texas 77901
Main (361) 573-3291 | www.victoriacollege.edu

CONSUMER NOTIFICATION

This is to inform you that a consumer report or an investigative consumer report is being obtained from a consumer reporting agency for the purpose of evaluating you for employment, promotion, reassignment and/or retention as an employee. The consumer report obtained may include, among other items, criminal background information, a confirmation of your educational and employment history, and a confirmation of any references provided.

CONSUMER AUTHORIZATION

To Whom It May Concern:

I hereby authorize and request any present or former employer, school, police department, financial institution or other persons having personal knowledge about me, to furnish Victoria College with any and all information in their possession regarding me in connection with an application for employment with Victoria College and any current or future employment I have or may have with Victoria College. A photocopy of this authorization may be accepted in lieu of the original, and I specifically waive any written notice from any present or former employer or other individual or entity who may provide information based upon this authorized request. I understand this authorization is to be part of my written employment materials.

Print name: _____

Signature: _____

Date of Birth (for identification purposes only): _____

Social Security Number (for identification purposes only): _____

Other name(s) (e.g., maiden) here: _____

Note to Employer: Detach this form and retain separately from application.

**VICTORIA COLLEGE APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER**

Victoria College does not discriminate on the basis of race, color, religion, national origin, gender, pregnancy, age, disability, genetic information, marital status, amnesty, Veteran's status or limited English proficiency. It is our policy to comply fully with the nondiscrimination provision of all state and federal rules and regulations.

Note: Applicants may request any accommodation needed to participate in the application process.

Note: This application form was designed for use by persons applying for various types of positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability.

(Please print)

Date of Application: _____

Name (Last, First Middle): _____

Address (Street, City, State & Zip Code): _____

Contact Information Phone: _____

Email: _____

Position Desired: _____

Full-Time Part-Time Other

Date Available: _____

Have you ever applied for a position with us? Yes No

If "yes" when? _____

Have you ever been employed by us? Yes No

If "yes" when? _____

Are you currently employed? Yes No

Educational Data

School	Print Name of School, City and State	Number of Years Completed	Degree	Major Course of Study
High School				
College				
Graduate School				
Trade, Business, Night or Correspondence				
Other				

Employment History

In the following spaces give a complete record of your employment including periods of unemployment, if any. Begin with your most recent employment and work back. If additional space is needed, attach a supplementary sheet.

1. Employer:

Address: _____

Telephone: _____

Employed From Month/Year: _____ To Month/Year: _____

Starting Position: _____ Last Position: _____

Other Positions Held: _____

Starting Salary: _____ Final Salary: _____

Immediate Supervisor: _____

Duties:

Reason for Leaving:

2. Employer:

Address: _____

Telephone: _____

Employed From Month/Year: _____ To Month/Year: _____

Starting Position: _____ Last Position: _____

Other Positions Held: _____

Starting Salary: _____ Final Salary: _____

Immediate Supervisor: _____

Duties:

Reason for Leaving:

3. Employer:

Address: _____

Telephone: _____

Employed From Month/Year: _____ To Month/Year: _____

Starting Position: _____ Last Position: _____

Other Positions Held: _____

Starting Salary: _____ Final Salary: _____

Immediate Supervisor: _____

Duties:

Reason for Leaving:

4. Employer:

Address: _____

Telephone: _____

Employed From Month/Year: _____ To Month/Year: _____

Starting Position: _____ Last Position: _____

Other Positions Held: _____

Starting Salary: _____ Final Salary: _____

Immediate Supervisor: _____

Duties:

Reason for Leaving:

5. Employer:

Address: _____

Telephone: _____

Employed From Month/Year: _____ To Month/Year: _____

Starting Position: _____ Last Position: _____

Other Positions Held: _____

Starting Salary: _____ Final Salary: _____

Immediate Supervisor: _____

Duties:

Reason for Leaving:

Additional Inquiries Concerning Employment History

(In responding to these inquiries, continue on a separate sheet if you require additional space.)

1. May we contact your present employer? Yes No
If "no," please explain.

2. In order to permit a check of your work and education records, have you ever been known by another name? (An affirmative response will not automatically disqualify you from being considered for employment.) Yes No

If "yes," identify name(s) and relevant dates.

3. Have you ever been dismissed or forced to resign from any employment? Yes No

(An affirmative response will not automatically disqualify you from being considered for employment.)
If "yes," please explain.

OTHER SPECIAL SKILLS/QUALIFICATIONS

Describe any other special job-related skills or qualifications (e.g., military experience and training, computers, professional associations, licenses, etc.) that would be valuable to the position for which you are applying.

Experience Summary

Indicate below the kinds of work you have done:

Miscellaneous Information

(In responding to these inquiries, continue on a separate sheet if you require additional space.)

1. If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. citizenship or verification of your legal right to work in the U.S.?

Yes No

2. If employment is offered, can you produce personal identification such as a U.S. Passport, a driver's license or photographic identification card issued by the State?

Yes No

3. Are you over 18 years of age? Yes No

Are you over 21 years of age? Yes No

4. Please review the job description of the job for which you are applying. Are you able, with or without reasonable accommodation, to perform all the essential functions of the job? (A negative response will not automatically disqualify you from being considered for employment.)

Yes No

5. Have you ever been convicted of a felony or pleaded guilty or "no contest" to a felony and/or received deferred adjudication? (An affirmative response will not automatically disqualify you from being considered for employment.)

Yes No

If "yes," please explain.

6. If you are applying for a position involving evening or weekend work, are you available to work at those times? (A negative response will not necessarily disqualify you from being considered for employment.)

Yes No

7. Are you willing to work overtime as requested? (A negative response will not necessarily disqualify you from being considered for employment.)

Yes No

Applicant's Statement

READ THIS AGREEMENT THOROUGHLY AND CAREFULLY BEFORE SIGNING

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also understand and agree that any falsified information or significant omissions may disqualify me from further consideration for employment, and if discovered after I am hired, may result in dismissal. I also affirm that I am making this application because I am sincerely interested in being hired by the College, and not for any other purpose.

I also understand that if employment is offered and accepted, such employment is not for any specified term and can be terminated at any time, with or without cause and with or without notice, by either the College or me. I further understand that this application is not and is not intended to be a contract of continued employment, and that my at-will employment status cannot be changed except by a written document signed by the President of the College. I further understand that no supervisor, manager or other employee or representative of the College, other than the President, has the authority to change the at-will nature of my employment, and that any oral promises of employment for a definite period or statements that are otherwise contrary to my at-will status are not binding upon the College.

In consideration of my being considered for employment, I authorize a thorough investigation of my past employment, education and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, educational institutions and businesses requesting or supplying such information.

I understand that if offered employment, I may be required to submit to a drug screening test as a condition of employment. I further understand that refusing to submit to a test, or test results showing any detectable amount of illegal drugs, will subject me to not being considered for employment.

I understand and agree that if I am hired I am required to read and abide by all rules and regulations of the College governing the conduct of its employees, including the rules which prohibit the use or possession of illegal drugs, alcoholic beverages, firearms or weapons of any kind in any office, work location or facility of the College.

I understand that during my employment, if the College has reasonable suspicion that I am under the influence of alcohol while at work, and if it appears that I am having difficulty performing my job safely or effectively due to the suspected use of alcohol, I may be required to submit to alcohol testing as a condition of continued employment. I also understand that drug screen tests may be performed on a reasonable suspicion, post-

accident, periodic or random basis during my employment, and that my refusal to submit to a drug or alcohol test may result in immediate dismissal.

I understand that if I am offered employment, I may be required, as a condition of employment, to undergo a physical examination for the purpose of determining whether I am able to perform the essential functions of the job for which I am applying. I hereby authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the essential functions of such job. I understand that refusing to submit to the physical examination may result in my not being considered for employment.

I understand that the College is a subscriber under the Texas Workers' Compensation Act.

If offered employment in a position which requires driving while on duty, I understand that being insurable by the College's automobile liability insurance carrier, or otherwise having a safe driving record (which includes keeping a valid driver's license); immediately reporting any accidents or traffic violations to the College; and satisfaction of Department of Transportation and State driving regulations, if applicable, are conditions of my employment or continued employment. If hired, I understand that should I fail to satisfy any of the above requirements, I may be subject to immediate job termination. I further understand that I may fail to meet these requirements due to traffic violations, regardless of fault, occurring on or off the job, before or during the term of employment.

I certify that I am eligible for employment in the United States, and that the documents I furnished, or will furnish, to verify my identity and eligibility are true and correct. I further understand and agree that if offered employment, I will have three days to submit such documents, and that failure to submit such documents within three days will result in withdrawal of the offer of employment, or if employment has begun, termination from employment.

Signature of Applicant: _____

Date: _____

Note: This application will be retained for active consideration for one year. After one year or if application details have changed the applicant will need to complete a new application if he/she wishes to be considered for employment in later positions that become open.

Clery Act Disclosure: Victoria College's Annual Security Report includes statistics on reported crimes that have occurred on or near campus, as well as policies concerning campus security. Copies of the report are available upon request from the Campus Police Department at 361-582-2406.

Tobacco Free Campus Notice: Victoria College is a Tobacco Free Campus

Voluntary Self Identification

Name (Please Print): _____

Date: _____

Position(s) for which you are applying: _____

This employer complies with various laws and regulations which require us to file annual statistical reports on applicants for employment. In addition, we comply with the various laws and regulations which protect disabled veterans and veterans who served on active duty during the Vietnam-era for more than 180 days. Submission of this information by you is voluntary. Please be assured that you will not be subjected to any adverse treatment if you do not provide the information requested.

Applicants Identifying Themselves as Disabled

If you provide information concerning a disability, it will be kept confidential, with the following exceptions:

- Supervisors and managers may be informed about necessary accommodations or restrictions on work duties.
- Government representatives may be provided relevant information in compliance with various laws and regulations.
- First aid and safety personnel may be informed if the disability might require emergency treatment or if specific procedures are needed in case of fire or other evacuations.
- Insurance companies may be provided relevant information if a medical examination is required to provide health or life insurance.

1. Are you a disabled individual or do you have any physical condition or disability which may limit your ability to perform the positions(s) for which you are applying?

Yes

No

2. If yes, do you possess or can we provide you with any special methods, skills, or procedures which might qualify you for positions you might not otherwise be able to do because of your disability?

Applicants Identifying Themselves as Disabled Veterans or Vietnam-Era Veterans

1. Are you a disabled veteran? Yes No

2. Are you a Vietnam-era veteran who served on active duty for more than 180 days during the Vietnam-era? Yes No

Applicants Identifying Their Sex and Race

Sex Classification:

Male

Female

EEO Classification:

White (Not of Hispanic Origin)

Hispanic American

Indian or Alaskan Native

Black (Not of Hispanic Origin)

Asian or Pacific Islander

Signature: _____

Date: _____

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