



# Laredo Community College

West End Washington Street, Laredo, TX 78040-4395  
PHONE (956) 721-5138 FAX (956) 721-5367  
Website: www.laredo.edu E-mail: humanresources@laredo.edu

*An Equal Opportunity/Affirmative Action Employer*

## Application for Employment

v Please type or print Legibly.

v Answer All Applicable Questions— Applicants who do not submit a complete application **with required supporting credentials** will not be accepted for position.

### PERSONAL DATA

Date of Application \_\_\_\_\_ Date available for employment \_\_\_\_\_

Applying for: ☐ Faculty (Regular) ☐ Faculty (Adjunct) ☐ Faculty (Adult/ Continuing Education)  
☐ Administrative/ Professional/ Technical ☐ Classified ☐ Full-Time ☐ Part-Time

Position for which you are applying: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Social Security Number

Current Address \_\_\_\_\_  
Street or PO Box City State Zip Code

E-mail Address: \_\_\_\_\_

Home Phone: ( ) Work Phone: ( ) Cell Phone: ( )

Are you a United States Citizen? ☐ Yes ☐ No

If not United States Citizen, what is your Immigration Status? \_\_\_\_\_ Visa Number \_\_\_\_\_

### GENERAL INFORMATION

1. Do you have any relatives employed by Laredo Community College? ☐ Yes ☐ No  
If yes, give name(s) and relationship: \_\_\_\_\_
2. Have you ever been convicted of or plead guilty or no contest (nolo contendere) to a misdemeanor, felony or offense involving moral turpitude (Including, but not limited to, theft, rape, murder, swindling, indecency with a minor, etc.) ?  
☐ Yes ☐ No If yes, state when, where, and the nature of the offense; indicate whether the charges were dismissed as a condition of probation, suspension, or deferred adjudication. **A felony conviction is not an automatic bar to employment. Laredo Community College will consider the nature, date, and relationship between the offense and the position for which you are applying.**  
\_\_\_\_\_
3. If you are applying for a **Faculty or Administrative/ Professional/ Technical position**, submit **resume**, **transcript** (If recommended for position, official transcript will be required), and **three letters of recommendation** (Letters no more than a year old and signed), as required by job description. If a license or certificate is required for the position for which you are applying, attach a copy of your current license/certificate.
4. If you are applying for a **Classified position**, submit **college transcript** (If recommended for position, official transcript will be required), copy of **high school diploma or transcript** or **GED certificate**, as required by job description. If a license or certificate is required for the position for which you are applying, attach a copy of your current license/certificate.
5. Applicants who do not submit a complete application **with required supporting credentials** will not be accepted for position.
6. The Immigration Reform and Control Act of 1986 require all new employees to provide proof of identity and eligibility to work in the United States.

7. This application becomes the property of Laredo Community College. Laredo Community College reserves the right to accept or reject it. This application shall be considered active for a period of 90 days. Any applicant wishing to be considered for employment beyond this time period must submit a new application.
8. Are you presently employed by Laredo Community College? ☐ Yes ☐ No
9. If yes, have you informed your supervisor that you are applying for another position? ☐ Yes ☐ No
10. Have you ever been employed by Laredo Community College? ☐ Yes ☐ No
11. If yes, provide information in "Employment Record" section.
12. Check any of the following that you are willing to: ☐ Work on holidays, weekends and/or evenings.  
☐ Work at more than one location.
13. Have you ever been terminated for cause, asked to resign, or left employment involuntarily? ☐ Yes ☐ No
14. If yes, explain \_\_\_\_\_

### Required Questions

15. Do you have the required education in the related area as stated in the job description? ☐ Yes ☐ No
16. Do you have the required experience in the related area as stated in the job description? ☐ Yes ☐ No
17. Please describe, in detail, your skills and the number of years of experience as they relate to this position.  
 \_\_\_\_\_  
 \_\_\_\_\_
18. Laredo Community College requires a background check for all positions; which means a Criminal Background Check and a reference are required. Are you willing to have such checks conducted in order to be considered for employment?  
☐ Yes ☐ No

### EDUCATIONAL BACKGROUND

Name and address of last high school attended: \_\_\_\_\_

Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED

COLLEGE/UNIVERSITY/TECHNICAL VOCATIONAL SCHOOL ATTENDED	COURSE OF STUDY	SEMESTER HOURS COMPLETED OR DEGREE EARNED	MAJOR	MINOR	YEAR DEGREE EARNED

### REFERENCES

List three personal references that Laredo Community College may contact. (You may not use relatives.)

Name	Mailing Address (Include Zip Code)	Relationship	Telephone Number

## EMPLOYMENT RECORD

**List work experience beginning with the most recent employment:**

**Must be completed**

Name of Firm or Organization		From Month    Year	To Month    Year	If part-time, number of hours per week _____
Address		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
		Position Title:		
City and State	Phone Number	Job Duties and Responsibilities:		
Name and Title of Supervisor				
Reason for Leaving				

Name of Firm or Organization	From Month    Year	To Month    Year	If part-time, number of hours per week _____
Address	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
		Position Title:	
City and State	Phone Number	Job Duties and Responsibilities:	
Name and Title of Supervisor			
Reason for Leaving			

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Name and Title of Supervisor			
Reason for Leaving			

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Address		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
		Position Title:		
City and State	Phone Number	Job Duties and Responsibilities:		
Name and Title of Supervisor				
Reason for Leaving				

Highlights of past work accomplishments (include publications, awards, etc.):

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Address		<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	
		Position Title:		
City and State	Phone Number	Job Duties and Responsibilities:		
Name and Title of Supervisor				
Reason for Leaving				

Highlights of past work accomplishments (include publications, awards, etc.):

### EMPLOYEE STATEMENT CONCERNING NEPOTISM

I hereby declare, to the best of my knowledge, that I am not related within the third degree of consanguinity or second degree of affinity according to law, to any member of the Laredo Community College Board of Trustees. I understand that, if employed and a relationship is discovered within a degree prohibited under statute, I will be required to resign my employment at Laredo Community College.

An individual's relatives within the third degree of consanguinity (blood) are the individual's

- χ Parent or child (first degree);
- χ Brother, sister, grandparent or grandchild (second degree); and
- χ Great-grandparent, great-grandchild, parent's brother or sister, brother's or sister's child (third degree).

An individual's relatives within the second degree of affinity (marriage) are the individual's

- χ Spouse, spouse's child, spouse's parent (first degree); and
- χ Brother's spouse, sister's spouse, spouse's grandparents, spouse's grandchild, spouse's brother or sister (second degree).

The present members of the Board of Trustees are:

Dr. Leonides G. Cigarroa, Jr.  
Michelle De La Pena  
Rene De la Viña  
Jackie Leven Ramos  
Cynthia Mares  
Mercurio Martinez, Jr.  
Dr. Gilberto Martinez, Jr.  
Allen Tijerina  
Ernestina "Tita" C. Vela

### ACKNOWLEDGEMENT & STATEMENT

I acknowledge that the information provided in this Application for Employment is true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation may result in the rejection of my application for any position with Laredo Community College, or termination from employment if already employed.

I hereby authorize the Laredo Community College and its duly authorized representatives to obtain information concerning or relating to my past employment. This employment information, both oral and written, may include material contained in my personnel file and evaluative statements and judgments from my former supervisors. This employment information includes, but is not limited to, academic, salary, achievement, performance, attendance, personal history, disciplinary records, and any other employment related information.

I hereby release any individual providing reference or employment information under this authorization, including records custodians, from any and all liability for damages of whatever kind or nature that may at any time result to me on account of compliance, or any attempts to comply with this authorization.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Laredo Community College is an Equal Opportunity/ Affirmative Action Employer and does not discriminate on the basis of race, color, religion, gender, national origin, age or disability.



Applicant Profile / Employment Screen  
Office: (303) 692-8445 Fax: (303) 692-8511

**APPLICANT** Complete the following information as accurately as possible. (Please Print Clearly.)

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

SSN\*: \_\_\_\_\_ D.L. #: \_\_\_\_\_ State: \_\_\_\_\_

Birth date\*: \_\_\_\_\_ Phone: \_\_\_\_\_

Professional License Type: \_\_\_\_\_ State: \_\_\_\_\_ Lic #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Other/Previous names: \_\_\_\_\_ Date Changed: \_\_\_\_\_

(Attach additional sheet, if necessary.) \_\_\_\_\_ Date Changed: \_\_\_\_\_

Addresses: (List past seven years beginning with your current address. Include **street, city, state, zip code, county and dates of residence**. Attach additional sheet, if necessary.)

1. \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_

2. \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_

3. \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_

4. \_\_\_\_\_ County: \_\_\_\_\_ Dates: \_\_\_\_\_

Current Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employment Dates - From: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Previous Employer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employment Dates - From: \_\_\_\_\_ to \_\_\_\_\_ Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Education / Institution Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name used while attending: \_\_\_\_\_ Student ID # (if known): \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ Date Degree Obtained: \_\_\_\_\_

Type of Degree Obtained: \_\_\_\_\_ Major: \_\_\_\_\_

\*This information (Birth date and SSN) will be used for background screening purposes only and will not be taken into consideration in making any employment decisions.

# DISCLOSURE, ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND INVESTIGATION

[IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING]

## DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. 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 trace, motor vehicle or "driving records, verification of your education or employment history, workers compensation claims, or other background checks. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment as allowed by law. 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. These reports will be conducted by TruDiligence, LLC, 3190 S Wadsworth Blvd, Suite 260, Lakewood, CO 80227, 800-580-0474 (a Consumer Reporting Agency) or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your 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 applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

## ACKNOWLEDGMENT 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" at any time after receipt of this authorization and, if I am hired, throughout my employment. 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, employer, workers compensation bureau or insurance company to furnish any and all background information requested by TruDiligence, LLC, 3190 S Wadsworth Blvd, Suite 260, Lakewood, CO 80227, 800-580-0474, or another outside organization acting on behalf of Employer, and/or Employer itself. I understand that these files may contain negative information about my background, mode of living, character and personal reputation; therefore I agree to defend and hold harmless TruDiligence and any agent acting on its behalf, from any and all liability arising through the investigation of my background. I agree that a facsimile ("fax"), electronic, or photographic copy of this Authorization shall be as valid as the original. I understand that my date of birth is used solely as an identifier to avoid possible misidentification while completing the background check process.

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

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company. ☐

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a free copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law. ☐

Signature: \_\_\_\_\_ Date: \_\_\_\_\_