

## Employment Application Instructions

Fill out the application completely, sign and date (where applicable), attach the required supporting documents listed below, and submit your application to the Office of Human Resources.

- Letter of intent/cover letter
- Resume/curriculum vitae
- Copies of transcripts
- Background Check Authorization and Release Consent
- DPS Computerized Criminal History (CCH) Verification

**Failure to complete and submit all required supporting documents will render your application incomplete.**

### Transcripts

Transcripts must be from an institution accredited by an accrediting agency recognized by the U.S. Department of Education or the Council for Higher Education Accreditation (CHEA).

### Foreign transcripts

Applicants submitting employment applications with foreign transcripts must provide transcript equivalency documentation from an approved evaluation service. The evaluation service must be a member of the National Association of Credential Evaluation Services (NACES). The evaluation service links on the following site are provided by South Texas College for your convenience but are not affiliated with South Texas College:

<http://www.naces.org/members>

Official transcripts (sealed and mailed directly from the institution) will only be required if hired.

### Part-time faculty applications

One application and supporting documents are required for each discipline.

Part-time faculty applications are valid for two (2) fiscal years (September 1 - August 31).

### Part-time staff applications

One application and supporting documents are required for each position.

Part-time staff applications will be valid for one (1) fiscal year (September 1 - August 31).

**The Office of Human Resources does not make copies of applications and/or supporting documents.**

South Texas College is an equal education and equal employment opportunity/affirmative action employer. South Texas College does not discriminate or tolerate discrimination against any employee, applicant for employment, student, or applicant for admission on the basis of race, color, national origin, ethnicity, religion, age, sex, sexual orientation, gender, gender identity, gender expression, pregnancy, parental status, disabilities, genetic information, veteran status, or any other protected category under applicable local, state, or federal law. Conduct that excludes participation, denies benefits or subjects others to discrimination is prohibited. The College complies with all applicable policies and state and federal legislation in order to combat discrimination.



Employment Application

Fill out the application completely; if questions are not applicable, enter "N/A". Do not leave questions blank. Sign and date (where applicable), attach the required supporting documents, and submit your application to the Office of Human Resources. Resumes will be accepted for whatever additional information they contain, but not in place of a completed South Texas College employment application. This application becomes public record and is subject to disclosure.

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Position Information

Posting Number: \_\_\_\_\_ Position Applying For: \_\_\_\_\_
For part-time faculty and trainer applications, indicate discipline.

Personal Information

Full Name: \_\_\_\_\_
First Middle Last

List any other names used if different than above: \_\_\_\_\_

Mailing Address: \_\_\_\_\_
Street Apt/Unit # City State Zip Code

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Are you at least 18 years of age or older? [ ] Yes [ ] No

Driver's License Number: \_\_\_\_\_ Driver's License State: \_\_\_\_\_

Are you currently employed at South Texas College or have you ever been employed at South Texas College?
[ ] Yes, currently employed [ ] Yes, previously employed [ ] No, have never worked at South Texas College

Do you have relatives employed at South Texas College or serving on the Board of Trustees of South Texas College? [ ] Yes [ ] No

If yes, provide relative name: \_\_\_\_\_ relationship: \_\_\_\_\_ department: \_\_\_\_\_
relative name: \_\_\_\_\_ relationship: \_\_\_\_\_ department: \_\_\_\_\_
relative name: \_\_\_\_\_ relationship: \_\_\_\_\_ department: \_\_\_\_\_

Have you ever been arrested? [ ] Yes [ ] No

A conviction is not an automatic bar to employment. The nature of the offense, date of offense, the surrounding circumstances and relevance of the offense to the position applied for will be considered.

Can you provide proof, if hired, that you are eligible to work in the United States? [ ] Yes [ ] No

Do you now or will you in the future require sponsorship or petition for U.S. employment? [ ] Yes [ ] No

The College shall not be a petitioner for any applicant or employee in obtaining a work permit unless otherwise bound by law to do so. If an alien applicant has been petitioned to work for another educational institution or a private company only, the College will comply with the Immigration Act, thus disallowing the applicant to work at the College, unless they obtain their own documents from the Immigration and Naturalization Service. The ability to provide the required documents remains solely within the responsibility of the applicant.

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). \_\_\_\_\_

## Education

High School Name/GED: \_\_\_\_\_ Did you graduate or receive a GED?  Yes  No

College/University Name: \_\_\_\_\_ Did you graduate?  Yes  No

Degree Type: \_\_\_\_\_ Major: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

College/University Name: \_\_\_\_\_ Did you graduate?  Yes  No

Degree Type: \_\_\_\_\_ Major: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Other: \_\_\_\_\_ Did you graduate?  Yes  No

Degree Type: \_\_\_\_\_ Major: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

## Training and Additional Information

Current Professional Licenses/Certifications/Registrations: \_\_\_\_\_

Computer Skills (hardware and/or software): \_\_\_\_\_

Related Volunteer Experience: \_\_\_\_\_

Other Professional Training: \_\_\_\_\_

Other Skills and/or Talents (related to position you are applying for): \_\_\_\_\_

## Military Service Information

Are you a veteran?  Yes  No Active Duty Branch: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Discharge Status: \_\_\_\_\_  
*Enter "current" if active*

Are you eligible to claim veteran's employment preference?  Yes  No

Are you an Active Reserve?  Yes  No Are you a veteran with a disability?  Yes  No

Are you a surviving spouse of a veteran?  Yes  No If yes, are you a surviving spouse of a veteran who has not remarried?  Yes  No

Are you a surviving orphan of a veteran (due to death while on active duty)?  Yes  No List dates of service for the veteran for which you are a surviving spouse or orphan. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

## Employment History

Enter your employment history beginning with the most recent. Section must be completed even if a resume is attached. **ALL EMPLOYMENT HISTORY MUST BE LISTED ON APPLICATION TO BE CONSIDERED FOR SALARY SETTING.**

Employer Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
*Street City State Zip Code*

Supervisor Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Position Title: \_\_\_\_\_  Full-time  Part-time  Temporary

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Average Hours Worked Per Week: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ May we contact the supervisor for a reference?  Yes  No

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Employer Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
*Street City State Zip Code*  
Supervisor Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
Position Title: \_\_\_\_\_  Full-time  Part-time  Temporary  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Average Hours Worked Per Week: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_ May we contact the supervisor for a reference?  Yes  No

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Employer Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
*Street City State Zip Code*  
Supervisor Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
Position Title: \_\_\_\_\_  Full-time  Part-time  Temporary  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Average Hours Worked Per Week: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_ May we contact the supervisor for a reference?  Yes  No

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Employer Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
*Street City State Zip Code*  
Supervisor Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
Position Title: \_\_\_\_\_  Full-time  Part-time  Temporary  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Average Hours Worked Per Week: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_ May we contact the supervisor for a reference?  Yes  No

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Employer Name: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
*Street City State Zip Code*  
Supervisor Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
Position Title: \_\_\_\_\_  Full-time  Part-time  Temporary  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Average Hours Worked Per Week: \_\_\_\_\_

Duties and Responsibilities: \_\_\_\_\_

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Reason for Leaving: \_\_\_\_\_ May we contact the supervisor for a reference?  Yes  No

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## References

Five professional references (i.e. employer, colleagues, instructors) are required. Personal references (i.e. family members, friends) will not be accepted.

Full Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship:  Former/Current Supervisor  Colleague/Coworker  Professor/Mentor  Professional Reference

Full Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship:  Former/Current Supervisor  Colleague/Coworker  Professor/Mentor  Professional Reference

Full Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship:  Former/Current Supervisor  Colleague/Coworker  Professor/Mentor  Professional Reference

Full Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship:  Former/Current Supervisor  Colleague/Coworker  Professor/Mentor  Professional Reference

Full Name: \_\_\_\_\_ Company: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Relationship:  Former/Current Supervisor  Colleague/Coworker  Professor/Mentor  Professional Reference

## Disclaimer and Signature

Please read the following statements carefully and indicate your understanding and acceptance by signing in the space provided:

1. I certify that all statements made on this application and the information contained in all other documents I have submitted in support of my application are true and complete to the best of my knowledge. I understand that South Texas College may verify the information I have furnished. 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 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. I understand that any job offer or subsequent employment may be conditioned on the College's receipt of a satisfactory background inquiry.

\_\_\_\_\_  
Applicant Printed Name

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

\_\_\_\_\_  
Date



## Background Check Authorization and Release Consent

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 is necessary to obtain criminal history record information as required by state law (The Texas Education Code Section §51.215).

I also understand that if employed, my employment with South Texas College will be subject to the outcome of the criminal history investigation. I understand that any job offer or subsequent employment may be conditioned on the College's receipt of a satisfactory background inquiry.

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Applicant Printed Name

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Applicant Signature

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Date

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# 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.dps.texas.gov/Crime Records Information/Review of Personal Criminal History](http://www.dps.texas.gov/Crime Records Information/Review of Personal Criminal History) 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:</b>	
<b>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>	

## Voluntary Demographic Information

As part of our commitment to affirmative action and equal employment opportunity efforts, our institution conducts a survey of all job applicants. Completion of this form is voluntary. The information will be kept confidential, will not be part of your application, and will not be used in any way in determining your employment. We do, however, appreciate your assistance and ask that you complete the following section.

**Date of Birth:** \_\_\_\_\_

**Gender:**

- Male  
 Female

**Ethnicity:**

- Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.  
 Not Hispanic or Latino

**Race:**

*Select all that apply.*

- White: a person having origins in any of the original peoples of Europe, the Middle East or North Africa.  
 Black or African American: a person having origins in any of the black racial groups of Africa.  
 Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.  
 Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.  
 American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

**Referral Source:**

- |  |   |
|--|---|
| <input type="checkbox"/> South Texas College Careers website | <input type="checkbox"/> ChronicleVitae           |
| <input type="checkbox"/> South Texas College employee        | <input type="checkbox"/> Inside Higher Ed Careers |
| <input type="checkbox"/> The Monitor                         | <input type="checkbox"/> HigherEdJobs             |
| <input type="checkbox"/> Starr County Town Crier             | <input type="checkbox"/> Walk-in                  |
| <input type="checkbox"/> Texas Workforce Commission          | <input type="checkbox"/> Other: _____             |
| <input type="checkbox"/> Career/Job Fair                     |   |

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Date

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## Voluntary Self-Identification of Protected Veteran Status

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A **“disabled veteran”** is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - a person who was discharged or released from active duty because of a service-connected disability.

- A **“recently separated veteran”** means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

- An **“active duty wartime or campaign badge veteran”** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

- An **“Armed forces service medal veteran”** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA-the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I identify as one or more of the classifications of protected veteran listed above.

I am not a protected veteran.

I do not wish to disclose.

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Applicant Printed Name

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Date

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## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 2

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



Office of Human Resources  
2501 W. Pecan Blvd.  
McAllen, TX 78501  
(956) 872-4448

## Annual Security Report and Non-Discrimination Statements

### Notice of Non-Discrimination

South Texas College is an equal education and equal employment opportunity/affirmative action employer. South Texas College does not discriminate or tolerate discrimination against any employee, applicant for employment, student, or applicant for admission on the basis of race, color, national origin, ethnicity, religion, age, sex, sexual orientation, gender, gender identity, gender expression, pregnancy, parental status, disabilities, genetic information, veteran status, or any other protected category under applicable local, state, or federal law. Conduct that excludes participation, denies benefits or subjects others to discrimination is prohibited. The College complies with all applicable policies and state and federal legislation in order to combat discrimination.

For more information, please review College Policy #4216 "Sex Discrimination, Sexual Harassment, Domestic Violence, Dating Violence, Stalking, and Retaliation Prohibited": <https://admin.southtexascollege.edu/president/policies/pdf/4000/4216.pdf>

*The following person has been designated as the Title IX Coordinator to handle inquiries regarding all forms of discrimination, harassment or retaliation, including sexual misconduct:*

#### Employee(s):

##### **Maria G. Elizondo**

Vice President for Finance and Administration Services, Title IX Coordinator  
3201 W. Pecan Blvd., X 224  
McAllen, Texas 78501  
956-872-3558

Email: [TitleIX@southtexascollege.edu](mailto:TitleIX@southtexascollege.edu)

More information about gender-based sexual harassment, sexual assault or other sexual misconduct, including Title IX, can be found here: <https://www.southtexascollege.edu/about/notices/title-ix.html>

It is the policy of the College to provide reasonable accommodations for persons with disabilities. For accommodations for Faculty and Staff, please contact the college's Office of Human Resources at 956-872-4448. For accommodations for Students, please contact Student Disability Services at 956-872-2173.

*The following individuals have been designated to handle inquiries regarding disability:*

#### **Laura Requena, MBA, MPAcc, PHR, SHRM-CP**

Director of Human Resources, Title IX Deputy Coordinator and 504 Coordinator  
2501 W. Pecan Blvd.  
McAllen, Texas 78501  
Office: 956-872-3637  
Email: [HR\\_Administrators@southtexascollege.edu](mailto:HR_Administrators@southtexascollege.edu)

#### Student(s):

##### **Santa E. Pena, M.Ed., LPC-S**

Director of Counseling, Title IX Deputy Coordinator, and 504 Coordinator  
3201 W. Pecan Blvd.  
McAllen, Texas 78501  
Office: 956-872-2140  
Email: [santaep@southtexascollege.edu](mailto:santaep@southtexascollege.edu)

#### File a report of discrimination here:

<https://www.southtexascollege.edu/report/index.html>

In compliance with the Clery Act of 1990, the College's annual security report is available at:  
<https://www.southtexascollege.edu/stcdps/pdf/annual-security-report.pdf>