

Jobline: (254) 299-8612
 Web site: www.mclennan.edu
 E-mail: MCCjobs@mclennan.edu



1400 College Drive
 Waco, TX 76708
 Phone: (254) 299-8611
 Fax: (254) 299-8592

Human Resources

McLennan Community College does not accept nor maintain on file unsolicited applications and/or related materials.

Equal Employment Opportunity Policy: McLennan Community College declares a policy of equal opportunity in employment and in all other personnel functions of the College such as, but not limited to: up-grading, demotion, transfer, recruitment, layoff, or termination; rates of pay or other forms of compensation; and training opportunities. Equal opportunity shall be provided to all applicants for employment and employees, without regard to their race, color, creed or religion, national origin, sex, age, disability, or other factors which cannot be lawfully the basis for a personnel decision.

Employment Application

Note to Applicant: Please print clearly in ink or type. All sections must be completed even if resume is attached. Fields with an * are required for form processing.

Personal Data

LAST NAME*	FIRST NAME*	MI
STREET ADDRESS	CITY	STATE ZIP
HOME AREA CODE AND PHONE NUMBER	BUSINESS AREA CODE AND PHONE NUMBER	E-MAIL ADDRESS
PERMANENT STREET ADDRESS	CITY	STATE ZIP
DO YOU HAVE ANY RELATIVES EMPLOYED BY MCC* IF YES, NAME OF RELATIVE*	YES NO	POSITION AT MCC

Position for which Applying

POSITION W/NG,

FULL TIME	PART TIME	SALARY DESIRED \$	DATE AVAILABLE
MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME?	YES	NO - IF NO, WHEN?	

Record of Education

Copies of college transcripts are required when applying for positions requiring degrees; official transcripts are required within the first 30 days of employment.

SCHOOL	GRADUATED	COMPLETED	MAJOR/MINOR AND YEARS ATTENDED
HIGH SCHOOL/GED/OTHER CITY STATE	YES NO	DIPLOMA GED CERTIFICATE NONE	
COLLEGE/UNIVERSITY 1 CITY STATE	YES NO	DEGREE(S) CERTIFICATE NONE	YEARS ATTENDED
COLLEGE/UNIVERSITY 2 CITY STATE	YES NO	DEGREE(S) CERTIFICATE NONE	YEARS ATTENDED
COLLEGE/UNIVERSITY 3 CITY STATE	YES NO	DEGREE(S) CERTIFICATE NONE	YEARS ATTENDED

Personal References

List two people who are not related to you who can provide general information about you.

Do not repeat names of supervisors listed in your employment history.

NAME	ADDRESS	AREA CODE/PHONE	OCCUPATION
1.			
2.			

Licenses and/or Certifications

LICENSES, CERTIFICATIONS, PERMITS HELD (Provide Number)	STATE OF RECORD	DATE ISSUED	EXP. DATE
DRIVERS LICENSE NUMBER			
1.			
2.			
3.			

General History Information

Name under which you are known to employers or schools attended, if different from your current name:

May we contact the employers listed? YES NO
Have you ever been convicted of a felony? YES NO
If yes, give year, locations, and nature of conviction and disposition.

Have you ever been convicted for a violation of any law other than minor traffic violations? YES NO
If yes, give year, locations, and nature of conviction and disposition.

Why do you wish to leave your present position?

Skills Inventory Please list any skills you may have which relate to the position for which you are applying
(include U.S. Armed Forces where applicable)

Work Experience

Start with your present or most recent work experience. All periods of employment or unemployment should be covered.

This section must be completed even if enclosing a resume.

Section 1

DATE STARTED (mm-dd-yy)	DATE LEFT	NAME OF EMPLOYER			
STREET ADDRESS			CITY	STATE	ZIP
AREA CODE AND PHONE	SUPERVISOR	SUPERVISOR'S POSITION			
ENDING ANNUAL OR HOURLY SALARY \$	JOB TITLE				
DUTIES	REASON FOR LEAVING				

Section 2

DATE STARTED (mm-dd-yy)	DATE LEFT	NAME OF EMPLOYER			
STREET ADDRESS			CITY	STATE	ZIP
AREA CODE AND PHONE	SUPERVISOR	SUPERVISOR'S POSITION			
ENDING ANNUAL OR HOURLY SALARY \$	JOB TITLE				
DUTIES	REASON FOR LEAVING				

Section 3

DATE STARTED (mm-dd-yy)	DATE LEFT	NAME OF EMPLOYER			
STREET ADDRESS			CITY	STATE	ZIP
AREA CODE AND PHONE	SUPERVISOR	SUPERVISOR'S POSITION			
ENDING ANNUAL OR HOURLY SALARY \$	JOB TITLE				
DUTIES	REASON FOR LEAVING				

Section 4

DATE STARTED (mm-dd-yy)	DATE LEFT	NAME OF EMPLOYER			
STREET ADDRESS			CITY	STATE	ZIP
AREA CODE AND PHONE	SUPERVISOR	SUPERVISOR'S POSITION			
ENDING ANNUAL OR HOURLY SALARY \$	JOB TITLE				
DUTIES	REASON FOR LEAVING				

Section 5

DATE STARTED (mm-dd-yy)	DATE LEFT	NAME OF EMPLOYER			
STREET ADDRESS			CITY	STATE	ZIP
AREA CODE AND PHONE	SUPERVISOR	SUPERVISOR'S POSITION			
ENDING ANNUAL OR HOURLY SALARY \$	JOB TITLE				
DUTIES	REASON FOR LEAVING				

All applicants must read and sign the following statements . . .

1. 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 or omissions made by me in connection with my application may be grounds for rejection of my application or dismissal after employment.
2. I hereby authorize McLennan Community College to investigate, through whatever means deemed appropriate by MCC, any information included in this application and all facts resulting from the investigation unless otherwise noted. MCC is also authorized to use any information obtained from its investigations to determine my suitability for employment. I release MCC from any liability in connection with such investigation.
3. If employed, I agree to abide by the policies, procedures, rules and regulation of MCC. I acknowledge the College's prerogative of revising its policies, procedures, rules and regulations at any time, and I agree to abide and be governed by such revisions.
4. I understand that any employee without written contract of employment, is employed on an at-will basis and employment may be terminated at any time by either the employee or MCC, with or without cause.
5. I understand that submission of this application does not obligate MCC in any way.
6. I hereby authorize any former employers or any other persons given as references (unless otherwise noted) to answer any questions that may be asked.
7. The Immigration Reform and Control Act of 1986 required all applicants to provide proof of identity and eligibility to work in the United States prior to any offer of employment being made.
8. MCC prohibits the unlawful manufacture, distribution, dispensation, possession, or use of controlled substances, illegal drugs, inhalants, and alcohol by employees on its property or as part of any of its activities. Any employee who violates these standards of conduct for illicit drugs, inhalants, or alcohol is subject to disciplinary sanctions including, but not limited to, termination of employment.
9. Except for licensed police officers, possession or use on the MCC campus of any weapon is prohibited (specifically including firearms, explosive weapons, clubs, illegal knives, and other weapons as defined by Chapter 46, Texas Penal Code). Any employee who violates this standard for weapon possession is subject to disciplinary sanctions including, but not limited, termination of employment.
10. This application will be considered if it is completed, signed and dated below. Electronic submission will require an original signature before a candidate can be interviewed.

Signature of Applicant

Date (mm-dd-yy)

McLennan Community College is proud to be an Equal Employment Opportunity Institution.

McLennan Community College Applicant Characteristic Survey

The information requested below will be used for Equal Employment Opportunity record keeping and study purposes. It will not be available to the person making the employment decision for this position. Your voluntary cooperation is appreciated.

PRINT OR TYPE FULL NAME

SOCIAL SECURITY NUMBER

DATE OF BIRTH

POSITION FOR WHICH APPLYING

DATE

What is Your Race/Ethnic Category? (Check One)

- | | | |
|--------------------------|-----------------------------------|-------------|
| 1. White, Non Hispanic | 2. Black, Non-Hispanic | 3. Hispanic |
| 4. Asian/Pacific Islands | 5. American Indian/Alaskan Native | |

What is Your Sex?

- | | |
|---------|-----------|
| 1. Male | 2. Female |
|---------|-----------|

How Did You Learn About This Job? (Check all applicable)

- | | | |
|------------------------------|-----------------------------|-------------------------------|
| 1. Friend | 2. Walk-In | 3. Texas Workforce Commission |
| 4. Private Employment Agency | 5. Professional Publication | 6. Job Posting |
| 7. Newspaper | 8. Placement Office | 9. MCC Jobline |
| 10. Other (please specify) | | |