



Application Requirements

A Complete Application Packet consists of:

- **Cover letter**
- **Completed Cisco College Application (click on link for form)**
- **Resume or Curriculum Vitae**
- **Teaching Philosophy (Faculty and Other Related Positions)**
- **Unofficial/student copy of Transcript(s)**

(Texas Residents only)



CISCO COLLEGE

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Employment Application

Cisco College is an equal opportunity employer
Please Type or Print in ink clearly.

Personal Data

Last Name		First Name		Middle Name	Last 4 of SSN
Present Address (Street)				(City, State, Zip)	
Phone					
Type of Employment: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>				Email Address:	
Position that you are applying for:				Date Available:	
Have you ever filed an application with us before? Yes <input type="checkbox"/> No <input type="checkbox"/>				Location Preference: Cisco <input type="checkbox"/> Abilene <input type="checkbox"/>	
Are you a current/former CC employee? Yes <input type="checkbox"/> No <input type="checkbox"/>				If former employee, please state separation date:	
Will you work irregular hours? Yes <input type="checkbox"/> No <input type="checkbox"/>		Will you work weekends? Yes <input type="checkbox"/> No <input type="checkbox"/>		Preferred Hours:	
Are you related by kinship or marriage to any current employee or any member of the Board of Regents at Cisco College? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If Yes, give name, title, & relationship: NAME: TITLE: RELATIONSHIP:					

Educational and Professional Training

High School Graduate or GED? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, name and location of high school or GED _____						
Institute/Type of School	Name and Location of School	Dates Attended		Date Graduated	Type of Degree/Diploma	Major/Minor Fields of Study
		From	To			
Undergraduate College or Universities						
Graduate Schools						
Technical or Vocational Schools						
Special Training/ Skills/ Qualifications						
License/Certifications LVN, RN, C.P.A., etc...	Date Issued	Date expires	Issued by/Location of issuing authority (State or other authority) (City & State)			License No.

Employment History

Please list last three positions held with most recent first. Complete all applicable data. **DO NOT** refer to resume.

Name of Employer		Job Title or Position Held		Date Started	Date Left
Address		City		State	Zip
Beginning Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month		Ending Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month			
Supervisors Name & Title		Reason For Leaving			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Telephone Number:			
Description of Duties					

Name of Employer		Job Title or Position Held		Date Started	Date Left
Address		City		State	Zip
Beginning Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month		Ending Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month			
Supervisors Name & Title		Reason For Leaving			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Telephone Number:			
Description of Duties					

Name of Employer		Job Title or Position Held		Date Started	Date Left
Address		City		State	Zip
Beginning Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month		Ending Salary \$ <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month			
Supervisors Name & Title		Reason For Leaving			
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		Telephone Number:			
Description of Duties					

Explain any periods of unemployment

Skills Inventory

In order to better match your qualifications with the appropriate positions, please complete by listing the total number of years of experience or the skill level you have obtained in the following categories:

Clerical		Professional		Skilled Crafts/Maintenance	
Bookkeeping	Yrs	Accounting	Yrs	Carpentry	Yrs
Receptionist/Secretarial	Yrs	Interviewing	Yrs	Electrical	Yrs
Computer/Word Processing	Yrs	Management	Yrs	Painting	Yrs
10 Key	Yrs			Plumbing	Yrs
				Custodial	Yrs
				Grounds keeping	Yrs

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

Faculty Position Only:

Statement of Philosophy of Education

On a separate sheet of paper please state your education philosophy, especially as it relates to the community college.

Professional Activities and Honors

Personal References

List four persons who are **NOT** related to you, and can furnish information about your work performance. Do not repeat supervisors furnished in your employment record.

Name	Title or Occupation	Phone #	Email Address	Address

Have you ever been convicted of a felony? Yes ☐ No ☐

If so, give year, location, and nature of conviction and disposition.

If hired, can you provide proof that you are legally entitled to work in the United States? Yes ☐ No ☐

In compliance with federal law, all person hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification upon hire.

Cisco College is unable to sponsor applicants for work visas.

PLEASE READ CAREFULLY and SIGN BELOW

I certify that all information and statements contained in this application (and accompanying resume, if any) 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 for dismissal after employment. If employed, I agree to abide by the policies, procedures, rules, and regulations of Cisco College. I acknowledge the College's prerogative of revising, at any time, its policies, procedures, rules, and regulations and I agree to abide and be governed by such revisions.

X _____
Signature of Applicant

X _____
Date