

# Southwest Texas Junior College

## DUAL ENROLLMENT

### APPLICATION FOR ADJUNCT FACULTY

#### Application Requirements:

1. Cover Letter
2. Application (Enclosed)
3. Resume
4. Dual Credit Adjunct Form (Enclosed)
5. Copy of College Transcripts (Must submit Official Transcripts if approved to teach.)
6. Copy of Certifications and/or Licensures

Submit a complete package with the above documentation to the address below. The more information you provide, the easier it will be to effectively evaluate your skills, abilities, and qualifications.

Southwest Texas Junior College  
Attn: Dual Credit Program Director  
2401 Garner Field Road  
Uvalde, TX 78801-6297

Tel: 830.591.2919 Fax: 830.591.4182

#### NON-DISCRIMINATION POLICY

It is the policy of Southwest Texas Junior College to provide equal employment opportunity practices without regard to race, color, religion, national origin, sex, age, disability or veteran status.

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION COLLEGE IN EDUCATION AND EMPLOYMENT

# FACULTY APPLICATION

## I. PERSONAL DATA

Date \_\_\_\_\_ Position Vacancy \_\_\_\_\_

Name \_\_\_\_\_

Phone Numbers \_\_\_\_\_  
Home Cell Work

Other names used \_\_\_\_\_

Driver's License # \_\_\_\_\_ Email Address \_\_\_\_\_

Present Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

In emergency, notify \_\_\_\_\_  
(Do not fill in this information until employed by the college.) (Name) (Phone number)

\_\_\_\_\_  
(Address) (City/State) (Zip)

Major or Highest degree received \_\_\_\_\_

Present position and employer \_\_\_\_\_

May we contact your present employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Years of experience: public school \_\_\_\_\_ two year college \_\_\_\_\_ college/university \_\_\_\_\_

Type of employment desired: Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

When could you begin work? \_\_\_\_\_

Are you willing to travel? \_\_\_\_\_

Names, positions, and relationships of relatives employed at SWTJC \_\_\_\_\_

\_\_\_\_\_

Have you ever been removed or dismissed from a position? \_\_\_\_\_

\_\_\_\_\_

Hobbies/Other Interests \_\_\_\_\_

**II. REFERENCES**

List the names of the three **professional references** (not related to you) you have worked for that could be contacted to give a recommendation for this position, if necessary.

Name	Phone number	Email Address
_____		
_____		
_____		

**III. RELEASE OF INFORMATION STATEMENT**

I hereby give permission to an agency, bureau, department, physician, hospital, clinic, business, or person whosoever to furnish to Southwest Texas Junior College, its designee, or investigators, full and complete information about any of the matters contained in, or appropriate for employment by this institution. This release of information shall include, but not be limited to, any and all criminal history record information, medical records, educational records, driving records, or information from any source. I hereby release Southwest Texas Junior College or anyone obtaining or furnishing any such information from any and all liability, which may or could result from the divulgence of such information or its use as it pertains to the possible employment evaluation.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**IV. EDUCATION AND PROFESSIONAL TRAINING**

Name & Location	Degree Earned	Major Area	Hours Earned	Minor Area	Hours Earned
High School					
College/University (Undergraduate)					
Graduate Work (Workshops, Institutes, Etc.)					

**V. EDUCATIONAL WORK EXPERIENCE**

Employer Name and Location	Beginning and Ending Dates	Job Description	Reason for Leaving	Monthly Salary	Full/Part-Time

**VI. RELATED EDUCATIONAL INFORMATION**

Licenses, Certificates, Registrations	Issuing State	Date Issued	Expiration	Identification Number

**VII. EXPERIENCE OTHER THAN EDUCATIONAL**

Name and Address of Employer	Position Held	Beginning Date	Ending Date	Reason for Leaving

**RESEARCH AND PUBLICATIONS (Attach separate sheet if necessary)**

FELLOWSHIPS, SCHOLARSHIPS & PROFESSIONAL HONORS	DATE	AWARDING ORGANIZATION

COMMUNITY AND PROFESSIONAL ORGANIZATIONS	HIGHEST OFFICE HELD	DATE OF MEMBERSHIP

VIII. STATEMENT ON PHILOSOPHY OF EDUCATION

Please give a brief statement of education as it relates to junior college training. Attach a separate sheet, if necessary.

I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge, and understand that any falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment. **I understand that unless this application is completed in detail, it will not be considered and that all applications and supporting documents become the property of SWTJC.** If offered employment, I understand the offer is contingent on the results of a physical exam by the college's physician at college expense. I also understand that if, with or without reasonable accommodation, I am unable to perform the essential functions of the job, the offer of employment will be withdrawn. If employed, I agree to furnish additional information (photograph, age, race, etc.) as required by governing agencies.

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

\_\_\_\_\_  
Date

**Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.**

# Applicant Data Record

## SURVEY

Applicants and employees are treated equally during employment and/or application process without regards to race, color, religion, sex, national origin, age, veteran status, or handicap.

As an institution with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply. Government agencies at time require periodic reports on protected status of employees and applicants. This data is for statistical analysis with respect to the success of the Affirmative Action Program.

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security No. \_\_\_\_\_

Position Desired \_\_\_\_\_

Where did you hear about the position for which you are applying? Thank you for your help.

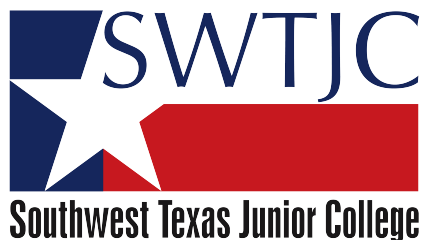
- \_\_\_ Local Newspaper
- \_\_\_ San Antonio Newspaper
- \_\_\_ Chronicle of Higher Ed
- \_\_\_ SWTJC Campus Job Notice (which campus) \_\_\_\_\_
- \_\_\_ Other Newspaper \_\_\_\_\_
- \_\_\_ Other Publication \_\_\_\_\_
- \_\_\_ Other \_\_\_\_\_
- \_\_\_ SWTJC Web site
- \_\_\_ Other Web site \_\_\_\_\_
- \_\_\_ SWTJC Employee

Sex Code \_\_\_\_\_  
1=Female  
2=Male

Ethnicity Code \_\_\_\_\_  
HIS=Hispanic/Latino  
NHS=Non-Hispanic/Latino  
NRA=Non-Resident Alien

Race Code \_\_\_\_\_  
AN = American/Alaska Native  
AS = Asian  
BL = Black/African American  
HP = Hawaiian/Pacific Islander  
WH = White  
NRA = Non-Resident Alien  
NP = Asian/Pacific Islander

**THIS INFORMATION IS STRICTLY FOR AFFIRMATIVE ACTION PURPOSES, SCREENING SEARCH COMMITTEES WILL NOT HAVE ACCESS TO THIS INFORMATION.**



## Dual Credit: Adjunct Faculty Verification Information

High School: \_\_\_\_\_ Course Interested in Teaching: \_\_\_\_\_

Name (Full Legal Name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell/Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Highest Degree Received: \_\_\_\_\_ Member of Teacher Retirement?  Yes  No

Retired with Teacher Retirement?  Yes  No *If yes, TRS Retirement Date:* \_\_\_\_\_

*If yes, are you working for any other entity paying TRS in addition to SWTJC?*  Yes  No

*Name of Entity:* \_\_\_\_\_

Portion below to be completed by SWTJC Outreach Dept. and VP of Academic Affairs

### Adjunct Faculty Credential Verification Checklist:

**Unofficial Transcript Received** – Date: \_\_\_\_\_

**Teaching Demonstration Completed** – Date: \_\_\_\_\_

*Course(s) Approved to Teach:* \_\_\_\_\_

Beginning Semester:  Fall  Spring  Summer I  Summer II Year: \_\_\_\_\_

Vice President of Academic Affairs Signature: \_\_\_\_\_

Notes: \_\_\_\_\_

**Official Transcript Received** – Date: \_\_\_\_\_

**Faculty Application Received** – Date: \_\_\_\_\_