



## LAMAR STATE COLLEGE-ORANGE APPLICATION FOR EMPLOYMENT

The filing of this application and our acceptance thereof does not indicate there are positions open and in no way obligates Lamar State College-Orange. Fill out the application form completely; if questions are not applicable, enter "NA". Do not leave questions blank. Resumes will be accepted for whatever additional information they contain but not in place of a completed application. Be sure to sign the application when it is completed.

Last Name	First	Middle	Date
Local Address	City	State	Zip Code
Telephone #			
Other Address	City	State	Zip Code
Telephone #			
Are you a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, you must be able to provide proof of working eligibility)		Are you related to any Lamar employee, official, or director? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you want employment for for: <input type="checkbox"/> Temporary <input type="checkbox"/> Regular <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Summer		Have you ever worked for Lamar before? <input type="checkbox"/> Yes <input type="checkbox"/> No Yr. separated, Dept. & Title:	
Type of position desired? Salary Expected? \$		Security sensitive positions require valid D.L. # State: _____ Expiration: _____	
Have you ever served in The United States Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____	
Branch, Rank, Dates of Active Duty:			

### EDUCATION AND TRAINING

Name of High School, College, Vocational, Technical, or Secretarial Schools	Years Attended		Major Field of Study	Degree Received
	From	To		

### SKILLS AND ABILITIES

Please Indicate Any Professional, Craft, Trade, Office, or Other Skills and Abilities Possessed by You. (I.E. Drafting, Typing, Shorthand, Office Machines, Computer/Software Packages)			
Skill	Speed	Length and kind of training	Years experience
Are you now a licensed or certified member of a profession or trade? <input type="checkbox"/> Yes <input type="checkbox"/> No			
License or Certificate held: _____		No. and Year: _____	State: _____

### PERSONAL REFERENCES

List three persons who are NOT relatives

Name	Business or Home Address	Phone	Title

### COMMENTS

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EXPERIENCE – Start with your present or last position and work back. If you were ever employed in any position under a different name, give in each position the name used. (Ask for supplemental sheet if needed.)

Employer: Mailing Address: City, State, Zip: Telephone No:				Type of Business:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/>	
Starting Date		Leaving Date		Starting Salary:		Present or Last Title:	
Month	Year	Month	Year	Ending Salary:		Reason for Leaving:	
Immediate Supervisor:				Briefly Describe Your Duties and Responsibilities:			

Employer: Mailing Address: City, State, Zip: Telephone No:				Type of Business:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/>	
Starting Date		Leaving Date		Starting Salary:		Present or Last Title:	
Month	Year	Month	Year	Ending Salary:		Reason for Leaving:	
Immediate Supervisor:				Briefly Describe Your Duties and Responsibilities:			

Employer: Mailing Address: City, State, Zip: Telephone No:				Type of Business:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/>	
Starting Date		Leaving Date		Starting Salary:		Present or Last Title:	
Month	Year	Month	Year	Ending Salary:		Reason for Leaving:	
Immediate Supervisor:				Briefly Describe Your Duties and Responsibilities:			

Employer: Mailing Address: City, State, Zip: Telephone No:				Type of Business:		Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/>	
Starting Date		Leaving Date		Starting Salary:		Present or Last Title:	
Month	Year	Month	Year	Ending Salary:		Reason for Leaving:	
Immediate Supervisor:				Briefly Describe Your Duties and Responsibilities:			

May we contact your last employer?  Yes  No If no, why? \_\_\_\_\_

I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein will void this application and any actions based on it. I understand that any offer of employment tendered me is contingent upon my agreement to abide by the rules and regulations of Lamar State College-Orange. I authorize you to contact references and former employers.

I acknowledge being notified that, with exceptions, I have the right to be informed of and to receive, review, and if necessary, correct the information that Lamar State College collects on me.

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

Lamar State College-Orange is an equal opportunity/affirmative action institution and employer. Students, faculty, and staff members are selected without regard to their race, color, creed, sex, age, handicap, or ethnic origin, consistent with the Assurance of Compliance with Title VII of the Civil Rights Act of 1964; Executive Order 11246 as issued and amended; Title IX of the Education Amendments of 1972, as amended; Section 504 of the Rehabilitation Act of 1973; Civil Rights Act of 1991; Title I of the Americans with Disabilities Act. Inquiries concerning application of these regulations may be referred to the Office of the President.



LAMAR STATE COLLEGE – ORANGE
APPLICANT EVENT FORM

Please Print

Form with fields for FIRST NAME, MIDDLE NAME, LAST NAME, WHAT SOURCE INFORMED YOU OF THIS POSITION?, and WHAT POSITION(S) ARE YOU APPLYING FOR? (Please indicate position(s) and department(s))

The following information is voluntary. It is used for state and federal reporting purposes and will not be a factor in any employment decision.

Please write in appropriate code choice in the blank below each category.

Table with 4 columns: GENDER CODE, ETHNIC, BIRTH DATE, VETERAN STATUS. Lists options like F-Female, M-Male, 1-White (non-Hispanic), 2-Black, etc.

Thank you for your interest in Lamar State College-Orange. In order to complete this application process, we ask that you complete and return this form to the Human Resources Office, 410 Front Street, Orange, TX 77630.

Lamar State College-Orange is an equal opportunity institution and employer. Faculty and staff members are selected without regard to their race, color, creed, sex, age, handicap, or ethnic origin, consistent with the Assurance of Compliance with Title VII of the Civil Rights Act of 1964; Executive Order 11246 as issued and amended; Title IX of the Education Amendments of 1972, as amended; Section 504 of the Rehabilitation Act of 1973; Civil Rights Act of 1991; Title 1 of the Americans with Disabilities Act.



# LAMAR STATE COLLEGE-ORANGE

## WRITTEN REQUEST FOR REFERENCE

TO THE APPLICANT: Reference checks are a part of Lamar’s procedure for employment. Your signature in the space below indicates your permission for the release of information concerning your employment record/as well as authorization to conduct a background check if you will be working in a security sensitive position. Please sign and return this form to the address below. Do not write any other information on this form.

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

(Confidential)

DATE:

NAME OF APPLICANT:

POSITION APPLIED FOR:

The person named here has expressed an interest in being considered for a position with Lamar State College – Orange. Your name was given as a reference. Please fill out and return to:

Human Resources  
Lamar State College-Orange  
410 Front Street  
Orange, TX 77630

	Excellent	Above Average	Average	Below Average	No basis for Judgment
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Communicate Orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Communicate in Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Think Logically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy, Promptness, Initiative, Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance in Classroom or on the Job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Get Along with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you employ or re-employ this individual? \_\_\_\_\_

If not, why? \_\_\_\_\_

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

Company \_\_\_\_\_ Title \_\_\_\_\_