

Southwest Texas College

DUAL ENROLLMENT

APPLICATION FOR ADJUNCT FACULTY

Application Requirements:

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

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

Southwest Texas College
Dual Credit Program Director
2401 Garner Field Road
Uvalde, TX 78801-6297
Positions listed at www.swtxc.edu
Tel: 830-591-7244 Fax: 830-591-4182
Email: smmartinez1@swtxc.edu

NON-DISCRIMINATION POLICY

It is the policy of Southwest Texas 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

I. PERSONAL DATA

Date _____ Course Interested in Teaching _____

Full Name _____

Other names used _____

Cell Phone Number _____ Home Phone Number _____

Driver's License # _____

Physical Address _____
(Street Address)

(City)

(State)

(Zip)

Mailing Address _____
(Street Address)

(City)

(State)

(Zip)

Email Address _____

In emergency, notify _____
(Name) (Phone Number)

(Street Address)

(City/State)

(Zip)

Type of employment desired: ☐ Full-Time ☐ Part-Time Date you can begin Work? _____Member of Teacher Retirement? ☐ Yes ☐ NoRetired with Teacher Retirement? ☐ Yes ☐ No

If yes, TRS Retirement Date: _____

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

Name of Entity: _____

Are you willing to travel? ☐ Yes ☐ No Reason: _____Do you have relatives employed at SWTX? ☐ Yes ☐ No

Full Name	Title	Relationship

Have you ever been removed or dismissed from a position? ☐ Yes ☐ No

Reason: _____

II. EDUCATION

Major or Highest degree received _____

	Name & Location	Degree Earned	Major	Hours Earned
High School				
Undergraduate				
Graduate				

III. LICENSES, CERTIFICATES, & REGISTRATIONS

Licenses, Certificates, & Registrations	Issuing State	Date Issued	Expiration	ID Number

Fellowships, Scholarships & Professional Honors	Date	Awarding Organization

Community & Professional Organizations	Highest Office Held	Date of Membership

IV. EDUCATIONAL WORK EXPERIENCE

Years of experience: District school ____ Two-Year college ____ University ____ none ____

Employer Name & Address	Start & End Date	Job Title	Reason for Leaving	Monthly Salary	Full- Time	Part- Time

V. 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

Present position and employer _____

May we contact your present employer? ☐ Yes ☐ No

VI. STATEMENT ON PHILOSOPHY OF EDUCATION

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

VII. RELEASE OF INFORMATION STATEMENT

Initials

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I hereby give permission to an agency, bureau, department, physician, hospital, clinic, business, or person whosoever to furnish to Southwest Texas 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 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.

Initials

☐

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, misrepresentation, 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 SWTX.** If offered employment, I understand the offer is contingent on the result of a physical exam by the college's physician at college expense. I also understand that if, with or without reasonable accommodations, 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.