



LIST ALL PREVIOUS WORK EXPERIENCE BEGINNING WITH YOUR PRESENT OR LAST POSITION. IF YOU WERE EVER EMPLOYED IN ANY POSITION UNDER A DIFFERENT NAME, GIVE IN EACH POSITION THE NAME USED. DO NOT LEAVE ANY PERIODS UNACCOUNTED FOR (ASK FOR OR PRINT EXTRA EMPLOYMENT RECORD FORMS AS NECESSARY).

MAY WE CONTACT YOUR PRESENT EMPLOYER?      YES                      NO

NAME OF FIRM OR ORGANIZATION  STREET ADDRESS  CITY & STATE  NAME & TITLE OF IMMEDIATE SUPERVISOR  REASON FOR LEAVING:	FROM: Month                      Year                      TO: Month                      Year  SALARY – Starting \$                      Final \$  TITLE: JOB DUTIES
---	--

NAME OF FIRM OR ORGANIZATION  STREET ADDRESS  CITY & STATE  NAME & TITLE OF IMMEDIATE SUPERVISOR  REASON FOR LEAVING:	FROM: Month                      Year                      TO: Month                      Year  SALARY – Starting \$                      Final \$  TITLE: JOB DUTIES
---	--

NAME OF FIRM OR ORGANIZATION  STREET ADDRESS  CITY & STATE  NAME & TITLE OF IMMEDIATE SUPERVISOR  REASON FOR LEAVING:	FROM: Month                      Year                      TO: Month                      Year  SALARY – Starting \$                      Final \$  TITLE: JOB DUTIES
---	--

NAME OF FIRM OR ORGANIZATION  STREET ADDRESS  CITY & STATE  NAME & TITLE OF IMMEDIATE SUPERVISOR  REASON FOR LEAVING:	FROM: Month                      Year                      TO: Month                      Year  SALARY – Starting \$                      Final \$  TITLE: JOB DUTIES
---	--

NAME OF FIRM OR ORGANIZATION  STREET ADDRESS  CITY & STATE  NAME & TITLE OF IMMEDIATE SUPERVISOR  REASON FOR LEAVING:	FROM: Month                      Year                      TO: Month                      Year  SALARY – Starting \$                      Final \$  TITLE: JOB DUTIES
---	--

PERSON TO NOTIFY IN CASE OF EMERGENCY (Give name, address, relationship and telephone number) <hr/>	
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 wrong or incomplete information 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 the Board of Regents of Frank Phillips College. I authorize FPC to verify the information given.	
DATE:	SIGNATURE OF APPLICANT:

Frank Phillips College, Borger, Texas  
Applicant Data Questionnaire

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

To assist us in fully evaluating your training, experience and skills, please place a check by those items that specifically apply to you or in which you have work experience.

**REGISTRATIONS, CERTIFICATIONS & LICENSES**

- 301 Texas Operator Driver's License No. \_\_\_\_\_
- 302 Texas Commercial Driver's License No. \_\_\_\_\_
- 303 Certified Public Accountant
- 304 Certified Internal Auditor
- 305 State of Texas Teaching Certificate
- 306 Registered Nursing License  
No. \_\_\_\_\_ State \_\_\_\_\_
- 307 Notary Public

**PROFESSIONAL LEVEL EXPERIENCE**

- 401 Public School Teaching/Administration
- 402 Working with Foreign Students
- 403 Physical Education/Recreation
- 404 College Level Admissions and/or Registration
- 405 Academic Counseling
- 406 Auditing
- 407 Budget Analysis
- 408 Business Management
- 410 State of Texas Accounting
- 411 Commercial Accounting
- 412 Grants/Contracts Administration
- 413 Business Programming
- 414 Scientific/Engineering Programming
- 415 Systems Analysis
- 416 Mainframe Computer Operations
- 417 Management of Large Volume Institutional Food Program
- 418 Safety Regulations
- 419 Writing Informational Materials
- 420 Technical Writing or Editing
- 423 EEO/AA Regulations
- 424 Employment Interviewing
- 425 Compensation/Classification Auditing
- 426 Personnel Benefit
- 427 Employee Training and Development
- 428 Public Relations
- 429 Student Testing
- 431 Library Science
- 432 Music
- 433 Social Science Research
- 434 Scientific Research
- 435 Student Service Experience
- 436 Payroll Management Experience

**SPECIAL WORKING CONDITIONS**

- 501 Ability to do Heavy Lifting/Standing
- 502 Willing to Work Night Shift
- 503 Willing to Work Rotating Shift
- 504 Willing to Work Weekends/Holidays
- 505 Willing to Work at Other Locations

**CRAFT LEVEL EXPERIENCE**

- 601 Automotive Mechanic
- 602 Cabinetmaker
- 603 Carpenter
- 606 Electrician
- 607 Exterminator
- 608 Experience with HV/AC
- 609 Locksmith
- 610 Painter
- 611 Plumber
- 612 Power Plant Operation
- 613 Refrigeration and Air Conditioning
- 614 Welder
- 615 Grounds Maintenance

- 616 Roofing Repair
- 617 Utility Operations
- 618 Preventative Maintenance
- 619 Building Maintenance
- Journeyman:
  - 620 Cabinetmaker
  - 621 Carpenter
  - 622 Electrician
  - 623 Painter
  - 624 Plumber

**VOCATIONAL/TECHNICAL EXPERIENCE**

- 701 Architectural Drawing
- 702 Audio-Visual
- 703 Electronics
- 704 Offset Printing
- 705 Experience on Data Processing Equipment
- 706 Commercial Art
- 707 Color Photography Laboratory Experience
- 708 Commercial Photography

**SPECIALIZED EXPERIENCE (NON-TECHNICAL)**

- 801 Food Service Preparation
- 802 Supervisory
- 803 FPC Experience
- 804 State of Texas Experience
- 805 Custodial Experience
- 806 Fine Arts Related Experience
- 807 College/University Working Experience
- 808 Military Experience
- 809 Security Related
- 810 Library Experience

**GENERAL OFFICE EXPERIENCE**

- 901 Experience on Data Entry Equipment
- 902 Technical/Scientific Typing
- 903 Secretarial Experience for Executive/Management Positions
- 904 Dictating Equipment
- 905 Bookkeeping/Accounting
- 906 Purchasing
- 907 Receptionist
- 908 Telephone Switchboard
- 909 Business/Secretarial School Completion
- 910 Manuscript Typing
- 911 Maintenance of Student Records and Files
- 912 Shipping and Receiving
- 913 Mail Service
- 914 Calculator/10-key Adding Machine
- 915 Microfiche/Microfilm
- 916 Duplicating Equipment
- 917 Shorthand
- 918 Cashier
- 919 Electronic Spreadsheet
- 920 Budget Preparation
- 921 Computer Experience:

List Programs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 922 Mainframe Computer Experience

Frank Phillips College, Borger, Texas  
Equal Employment Opportunity / Affirmative Action Request

As a government contractor with an affirmative action program, Frank Phillips College is subject to Executive Order 11246, as amended; Section 503 of the Rehabilitation Act of 1973; and 38USC 2012, the Vietnam Era Veterans Readjustment Act of 1974; the Civil Rights Act of 1991; and the Americans with Disabilities Act. Your response to the information requested below is voluntary and refusal to provide information will not subject you to any adverse treatment. This information is for reporting purposes only and will be kept confidential.

**PLEASE BE ADVISED THAT THIS SURVEY IS NOT PART OF YOUR OFFICIAL APPLICATION FOR EMPLOYMENT.**

**RACIAL/ETHNIC GROUP**

- White, not of Hispanic origin
- African American, not of Hispanic origin
- Hispanic
- Asian or Pacific Islander
- Native American or Alaskan Native

**SEX**

- Male
- Female

Date of Birth \_\_\_\_\_

Qualified Handicapped Individual (defined as any person who has a mental or physical impairment that substantially limits one or more of such person's major life activities, has record of such impairment or is regarded as having such impairment). If applicable, please indicate nature of disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Qualified Disabled Veteran (defined as anyone entitled to a disability compensation under laws administered by the Veteran's Administration for disability rated at 30 percent centum or more, or a person whose discharge or release from active duty for a disability incurred or aggravated in the line of duty).

- Veteran of the Vietnam Era (defined as one who:
1. a. served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1965, and May 7, 1975, and was discharged or released there from with other than a dishonorable discharge, or...  
  
b. was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1965, and May 7, 1975, and...
  2. was discharged or released 48 months preceding the alleged violation of the Act, the affirmative action clause and/or the regulations pursuant to the Act).

NAME: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Position Seeking (According to Announcement of Vacancy) \_\_\_\_\_

PLEASE RETURN COMPLETED FORM TO:

GLORIA RUMMEL, EXECUTIVE ASSISTANT  
FRANK PHILLIPS COLLEGE  
P.O. BOX 5118  
BORGER, TX 79008-5118



# Disclosure and Authorization Form

As part of the application process for employment at *Frank Phillips College*, I understand that American DataBank will seek and obtain consumer reports / investigative reports about me as defined in the Fair Credit Reporting Act (FCRA). These investigative reports may include, but is not limited to names and dates of previous/current employment, work experience, work habits, characters, work performance, general reputation, workers compensation claims, criminal history records (from local, state, federal, international and other law enforcement agencies' records), sexual offender's lists, wants and warrants records, motor vehicle records, military records, educational verification, license verification, credit history, credit worthiness, civil case, OIG/GSA, OFAC/patriots act, any sanction lists, FBI finger printing and drug testing. I understand that these records may be used for the eligibility and qualification of my employment. I hereby authorize, without any reservation, the full release of these records and information for American DataBank and/or its agents to conduct the searches and investigations.

If I am hired, I also authorize the full release of the information described above, without any reservation, throughout any duration of my employment at *Frank Phillips College*. I also certify that all information provided below and on my resume is correct to the best of my knowledge. Any false statements provided in this form and my resume will be considered just cause for the termination of employment at any time. I agree that a copy or facsimile of this authorization shall be as valid as the original. In addition, I release and discharge American Databank, and all of its agents, any expenses, losses, damages, and liabilities for the investigative process. Upon Request, American DataBank will supply a copy of my reports and my rights under the Fair Credit Reporting Act. Requests may be directed to: American DataBank, 910 16<sup>th</sup> Street Suite 550, Denver, CO 80202 or by contacting us at 1-800-200-0853.

**Applicant's Name:** \_\_\_\_\_  
 (Please Print)                      First                                      M.I.                                      Last

**Previous or Maiden Name** (If applicable) \_\_\_\_\_  
 (Please Print)                                      First                                      M.I.                                      Last

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_mm/\_\_\_\_dd/\_\_\_\_yy

**Date of Birth:** \_\_\_\_mm/\_\_\_\_dd/\_\_\_\_yy (this is used for criminal and driving records only)

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **Female**      **Male**

**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City                                      State                                      ZIP

**Length of Residency:** \_\_\_\_ **Email address:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_