



Have you ever been convicted, pled guilty or pled no contest to a felony offense? Yes \_\_\_\_ No \_\_\_\_ If yes, explain nature of offense, fine, sentence, etc. **IMPORTANT:** For purposes of employment with Panola College, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution. *A conviction will not necessarily disqualify an applicant.*

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Do you have a valid Texas driver's license? Yes \_\_\_\_ No \_\_\_\_ License No. \_\_\_\_\_

Specify: \_\_\_\_ Operator \_\_\_\_ Commercial \_\_\_\_ Chauffeur

## II. Education and Training

Dates Attended	Name and Location	Dates of Graduation	Degree	Major Area	Sem. Hrs.	Minor Area	Sem. Hrs.

Check below the areas in which you have training or experience:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> PBX Switchboard         | <input type="checkbox"/> Shorthand ____ wpm    | <input type="checkbox"/> Groundskeeper        |
| <input type="checkbox"/> Receptionist            | <input type="checkbox"/> Typing ____ wpm       | <input type="checkbox"/> Dormitory Supervisor |
| <input type="checkbox"/> Filing                  | <input type="checkbox"/> Bookkeeping           | <input type="checkbox"/> Repair/Maintenance   |
| <input type="checkbox"/> Calculator              | <input type="checkbox"/> Accounts Payable      | <input type="checkbox"/> Carpenter            |
| <input type="checkbox"/> Adding Machine (10 key) | <input type="checkbox"/> Payroll               | <input type="checkbox"/> Electrician          |
| <input type="checkbox"/> Copy Machine            | <input type="checkbox"/> Word Processing       | <input type="checkbox"/> Plumber              |
| <input type="checkbox"/> Print Shop              | <input type="checkbox"/> CRT/Data Entry        | <input type="checkbox"/> Painter              |
| <input type="checkbox"/> Security/Police Work    | <input type="checkbox"/> Computer Operator     | <input type="checkbox"/> Mechanic             |
| <input type="checkbox"/> Audio Visual Equipment  | <input type="checkbox"/> Computer Programming  | <input type="checkbox"/> Other: _____         |
| <input type="checkbox"/> Cashier                 | <input type="checkbox"/> Cook/Food Preparation | _____   |
| <input type="checkbox"/> Retail Sales            | <input type="checkbox"/> Custodial             | _____   |

### III. Employment History

Begin with your present or last position. Account for periods of unemployment of one year or more on supplemental sheet.

Name of Firm or Organization:	From (Month/Year):	To (Month/Year) :
May we contact? Yes ___ No ___	Annual Salary: Starting \$	Final \$
Street Address: Phone:	Full-time ___	Part-time ___
City & State: Zip:	Title:	
Name & Title of Immediate Supervisor:	Description of Duties:	
Reason for Leaving:		

Name of Firm or Organization:	From (Month/Year):	To (Month/Year):
May we contact? Yes ___ No ___	Annual Salary: Starting \$	Final \$
Street Address: Phone:	Full-time ___	Part-time ___
City & State: Zip:	Title:	
Name & Title of Immediate Supervisor:	Description of Duties:	
Reason for Leaving:		

Name of Firm or Organization:	From (Month/Year):	To (Month/Year):
May we contact? Yes ___ No ___	Annual Salary: Starting \$	Final \$
Street Address: Phone:	Full-time ___	Part-time ___
City & State: Zip:	Title:	
Name & Title of Immediate Supervisor:	Description of Duties:	
Reason for Leaving:		

### III. Employment History (cont.)

Name of Firm or Organization:	From (Month/Year):	To (Month/Year):
May we contact? Yes ___ No ___	Annual Salary: Starting \$	Final \$
Street Address: Phone:	Full-time ___	Part-time ___
City & State: Zip:	Title:	
Name & Title of Immediate Supervisor:	Description of Duties:	
Reason for Leaving:		

Name of Firm or Organization:	From (Month/Year):	To (Month/Year):
May we contact? Yes ___ No ___	Annual Salary: Starting \$	Final \$
Street Address: Phone:	Full-time ___	Part-time ___
City & State: Zip:	Title:	
Name & Title of Immediate Supervisor:	Description of Duties:	
Reason for Leaving:		

### IV. Military Experience

Military Service? Yes \_\_\_ No \_\_\_

Special Military Training Received / M. O. S. \_\_\_\_\_

Member of Reserves: Yes \_\_\_ No \_\_\_ Active \_\_\_ Inactive \_\_\_

Draft Status \_\_\_\_\_

## V. References

List four references other than employers or relatives who have knowledge of your character, personality, abilities, etc. If possible, at least two of the references should reside locally.

Full Name	Business or Home Address	Phone	Occupation

## VI. Other Information

List other qualifications you possess which might enhance your application.

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I certify that the statements made by me in this application are true, complete, and correct to the best of my knowledge. I understand that false statements herein are sufficient grounds for rejection of this application or for dismissal from the institution's service.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Send Application to:

Panola College – Office of Human Resources

Martha Miller Administration Building

1109 West Panola Street

Carthage, Texas 75633

*Panola College is an Equal Opportunity Institution that provides educational and employment opportunities on the basis of merit and without discrimination because of race, color, religion, sex, age, national origin, veteran status, genetic information, or disability.*