



Grayson County College  
 6101 Grayson Drive, Denison, Texas 75020-8299  
 903.465.6030 www.grayson.edu

### PRESIDENTIAL APPLICATION

This application is used in the screening/selection process and all pages must be completed. Attach extra sheets if necessary.

#### APPLICANT INFORMATION

Last Name		First Name			Middle Name	
Address – No. & Street			City	State	Zip	Date
Social Security Number	Home Phone ( ) -		Alternate Phone ( ) -		e-Mail Address	

Please note that correspondence may be sent to you via e-mail. US mail will be used if no e-mail address is included on your application form.

#### EDUCATION BACKGROUND

Please list in order of **attendance** all educational institutions attended beginning with the high school from which you graduated. The information on all items below should be complete and accurate as it may be used as the preliminary basis for determining salary.

Name of Institution	Location	Degree	Major	Minor	
High School					
Undergraduate College(s)					Graduate Hours
Graduate College(s)					

Enter total upper division and graduate hours earned after the first bachelor's degree.

#### ADMINISTRATIVE EXPERIENCE

List present or most recent experience first. Include armed services and volunteer work. Include those experiences that are most directly related to the position.

Firm Name	Firm Address	Dates (Mo./Yr.) From To
Position Title	Supervisor	Phone ( ) - Ext.
Reason for Leaving	Salary: Start End	No. Hours Per Week:

Duties (Summarize):

Firm Name	Firm Address	Dates (Mo./Yr.) From                      To
Position Title	Supervisor	Phone (     )     -                      Ext.
Reason for Leaving	Salary: Start                                      End	No. Hours Per Week:
Duties (Summarize):		

Firm Name	Firm Address	Dates (Mo./Yr.) From                      To
Position Title	Supervisor	Phone (     )     -                      Ext.
Reason for Leaving	Salary: Start                                      End	No. Hours Per Week:
Duties (Summarize):		

Firm Name	Firm Address	Dates (Mo./Yr.) From                      To
Position Title	Supervisor	Phone (     )     -                      Ext.
Reason for Leaving	Salary: Start                                      End	No. Hours Per Week:
Duties (Summarize):		

### TEACHING EXPERIENCE

List present or most recent experience first.

Institution Name	Institution Address	Dates (Mo./Yr.) From                      To
Position Title	Supervisor	Phone (     )     -                      Ext.
Reason for Leaving	Salary: Start                                      End	No. Hours Per Week:
Duties (Summarize):		

Institution Name	Institution Address	Dates (Mo./Yr.) From                      To
Position Title	Supervisor	Phone (     )     -                      Ext.
Reason for Leaving	Salary: Start                                      End	No. Hours Per Week:
Duties (Summarize):		

Institution Name	Institution Address	Dates (Mo./Yr.) From                      To
Position Title	Supervisor	Phone (     )     -                      Ext.
Reason for Leaving	Salary: Start                                      End	No. Hours Per Week:
Duties (Summarize):		

**A D D I T I O N A L   I N F O R M A T I O N**

Are you currently employed?  Yes  No    May we contact your employer?  Yes  No    May we contact your former employers?  Yes  No

If you are not a U.S. citizen, can you (if accepted for employment) provide proof of your legal right as a non-citizen to remain and work in the U.S.?  Yes  No

Have you ever pled guilty, no contest or been convicted of a crime (including military)?  Yes  No

If "Yes" , please provide year, location, nature of offense, and disposition. (Conviction of a crime will not necessarily disqualify an applicant from employment). \_\_\_\_\_

**P R O F E S S I O N A L   R E F E R E N C E S**

Please include a minimum of FIVE (5) references to include some of the following: faculty, classified staff, supervisor, board member, peer, community leader and industry partner.

Name of Individual	Firm Name/Position Title	Address and Telephone Number

**PLEASE READ AND SIGN:**

I hereby certify that all statements on this document and all materials submitted for this position are true and complete to the best of my knowledge and belief. I understand that any untrue or incomplete statements may be considered grounds for rejection from the employment process or termination of employment. I waive the right to hold liable those persons whose names appear on the application form.

<b>Date</b>		<b>Signature</b>	
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EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION INFORMATION REQUEST  
GRAYSON COUNTY COLLEGE

**NOTE: This page will be removed from the application packet and only viewed by Human Resource personnel.**

As a government contractor with an Affirmative Action Program, Grayson County College is subject to Executive Order 11246, as amended; Section 503 of the Rehabilitation Act of 1973; and 38 USC 2012, the Vietnam Era Veterans Readjustment Act of 1974; the Civil Rights Act of 1991; and the American with Disabilities Act. Your voluntarily response on this form is used for statistical reporting purposes only. It will be separated from your application form and will not be used in any way in evaluating your qualifications for employment.

Please be advised that this survey is not part of your official application for employment.

SEX:  Male  Female

CITIZENSHIP: U.S.?  YES  NO Other Country? \_\_\_\_\_

**RACIAL/ETHNIC DATA:**

- Hispanic / Latino
- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White (Not of Hispanic Origin)
- Two or More Races
- Race and Ethnicity Unknown

**QUALIFIED DISABILITY STATUS:**

**Qualified Disabled Individual** (defined as any person who has a physical or mental 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).

I meet the above qualified disability criteria  Yes  No

**Qualified Disabled Veteran** (defined as anyone entitled to disability compensation under laws administered by the Dept. of Veterans Affairs for a disability rated at 30 percent or more; or rated at 10 or 20 percent, if it has been determined that the individual has a serious disability; or a person who was discharged or released from active duty because of a service-connected disability.)

I am considered a disabled veteran by the Dept of Veterans Affairs  Yes  No

**VETERAN OF THE VIETNAM ERA:**

(Defined as one who 1) served on active duty for at least 181 days occurring between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge; 2) was discharged or released from active duty for a service-connected disability from duty performed between August 5, 1964 and May 7, 1975; or 3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.

I meet the above Vietnam Era Veteran criteria  Yes  No

\_\_\_\_\_  
SS#:

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

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

PRESIDENT  
Position Seeking:

Please return completed form to: Human Resources  
Grayson County College  
6101 Grayson Drive, Denison, TX 75020-8299

Inquiries concerning the application of Title IX may be referred to the Vice President for Student Services, Title IX Coordinator, Administrative Services Building, 6101 Grayson Drive, Denison, TX 75020. 903.463.8714

GCC IS AN EQUAL OPPORTUNITY/ AFFIRMATIVE ACTION INSTITUTION.