



**Associate Degree Nursing Instructor
Two (2) Vacant Positions
One (1) Full-Time Tenure Track
One (1) Full-Time Grant Funded Non-Tenure Track**

Minimum requirements - Master's Degree in Nursing. A current license to practice as a registered nurse in the state of Texas.

Preferences - Previous experience as an instructor in a college setting.

Duties and Responsibilities - Teaching classroom and clinical course work in the Associate Degree Nursing Program. Courses taught involve a variety of nursing subjects. Clinical experience in teaching areas. Other duties as assigned. Ability to work cooperatively with faculty and students on program implementation and curriculum design. Ability to express a caring attitude towards patients, students, co-workers, and community.

Schedule and Start Date - This is a 10 1/2-month faculty position. Start date to be negotiated.

Salary - Salary is calculated from Temple College's Faculty Salary Schedule. Actual salary is dependent upon applicant's education and work experience.

Application Procedure - Letter of interest, completed Temple College application, resume, copies of college transcripts, and 3 names, addresses, and telephone numbers of professional references can be sent or emailed to:

Temple College
Office of Human Resources
2600 South First Street
Temple, TX 76504
humanresources@templejc.edu

Applications can be downloaded from the Temple College website at www.templejc.edu

Incomplete applications or applications submitted without the above listed attachments will be returned to applicant.

Deadline – Screening of applications will begin immediately. Position to remain open until filled.

Please contact the Office of Human Resources for special needs or assistance regarding the application process.

Temple College is an AA/EEO Employer



TEMPLE COLLEGE

2600 South First Street Temple, TX 76504

(254) 298-8580 (254) 298-8587 Fax

www.templejc.edu

APPLICATION FOR EMPLOYMENT

It is necessary to answer each question as completely as possible even if a resume or curriculum vitae is attached. Resumes or curriculum vitae will not be accepted in lieu of an application. Incomplete applications or failure to include any requested attachments will result in non-acceptance of the application and will be sent back to the applicant. Temple College accepts applications for open positions only.

Posted Position Title: _____ Date: _____

Temple College is an Equal Employment Opportunity/Affirmative Action Employer

PERSONAL INFORMATION

Prefix: _____ Name: _____
First Middle Last

Street Address: _____

_____ City State Zip Code

Residence Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-Mail Address(es) _____

EDUCATION

Earned Diploma/ Certificate/Degree	Y/N	Name of Conferring Institution	Diploma/ Degree Type	Major/Minor	Number of Completed Graduate Semester Hours Which Are Relevant To Position Sought
High School Diploma					
GED					
Associates Degree					
Bachelors Degree					
Masters Degree					
Doctorate					

** APPLICANTS APPLYING FOR AN INSTRUCTIONAL POSTION **

If you do not hold a degree in the area of teaching interest, please attach to this form documented evidence of special training or verifiable experience or documented creative production, accomplishments and distinctions you believe would qualify you to teach this discipline.

APPLICANTS APPLYING FOR AN INSTRUCTIONAL POSITION - Please answer the following:

Total years of instructional and/or related occupational experience in area of teaching interest: _____

Total years of Distance Education experience: _____

What type(s) of Distance Education content management system(s) are you familiar with?

RECORD OF EMPLOYMENT

Name of Present or Last Employer: _____

Address: _____
Street City State Zip Code

Job Title Held: _____

May We Contact This Employer: Yes No Full-time: _____ Part-Time: _____ Hours Worked Per Week: _____

Starting Date:(MM/DD/YY) _____ Ending Date:(MM/DD/YY) _____

Starting Pay: _____ Ending Pay: _____

Description of Duties and Responsibilities:

Reason for Leaving: _____

Name of Supervisor: _____

Supervisor's Job Title: _____ Supervisor's Phone Number: (_____) _____

Human Resource Contact: _____ HR Phone Number: (_____) _____

Name of Next Previous Employer: _____

Address: _____
Street City State Zip Code

Job Title Held: _____

Full-time: _____ Part-Time: _____ Hours Worked Per Week: _____

Starting Date:(MM/DD/YY) _____ Ending Date:(MM/DD/YY) _____

Starting Pay: _____ Ending Pay: _____

Description of Duties and Responsibilities:

Reason for Leaving: _____

Name of Supervisor: _____

Supervisor's Job Title: _____ Supervisor's Phone Number: (_____) _____

Human Resource Contact: _____ HR Phone Number: (_____) _____

Name of Next Previous Employer: _____

Address: _____
Street City State Zip Code

Job Title Held: _____

Full-time: _____ Part-Time: _____ Hours Worked Per Week: _____

Starting Date:(MM/DD/YY) _____ Ending Date:(MM/DD/YY) _____

Starting Pay: _____ Ending Pay: _____

Description of Duties and Responsibilities:

RECORD OF EMPLOYMENT

Reason for Leaving: _____

Name of Supervisor: _____

Supervisor's Job Title: _____ Supervisor's Phone Number: (_____) _____

Human Resource Contact: _____ HR Phone Number: (_____) _____

Name of Next Previous Employer: _____

Address: _____
Street City State Zip Code

Job Title Held: _____

Full-time: Part-Time: Hours Worked Per Week: _____

Starting Date:(MM/DD/YY) _____ Ending Date:(MM/DD/YY) _____

Starting Pay: _____ Ending Pay: _____

Description of Duties and Responsibilities:

Reason for Leaving: _____

Name of Supervisor: _____

Supervisor's Job Title: _____ Supervisor's Phone Number: (_____) _____

Human Resource Contact: _____ HR Phone Number: (_____) _____

Name of Next Previous Employer: _____

Address: _____
Street City State Zip Code

Job Title Held: _____

Full-time: Part-Time: Hours Worked Per Week: _____

Starting Date:(MM/DD/YY) _____ Ending Date:(MM/DD/YY) _____

Starting Pay: _____ Ending Pay: _____

Description of Duties and Responsibilities:

Reason for Leaving: _____

Name of Supervisor: _____

Supervisor's Job Title: _____ Supervisor's Phone Number: (_____) _____

Human Resource Contact: _____ HR Phone Number: (_____) _____

LICENSES OR CERTIFICATION

List below all professional, technical and/or educational licenses or certificates that are relevant to the position sought. Please attach copies of the listed educational/technical licenses or certificates to this application.

License or Certificate	Type	Issuing Organization	Date Acquired	Expiration Date (if any)

Please list and attach evidence of any additional courses, seminars, or professional development you have attended and are applicable to the position for which you are applying.

PROFESSIONAL REFERENCES

Name : _____

Address: _____
Street City State Zip Code

Telephone Number: (_____) _____ FAX Number: (_____) _____

Cell Number: (_____) _____ E-Mail Address: _____

Name : _____

Address: _____
Street City State Zip Code

Telephone Number: (_____) _____ FAX Number: (_____) _____

Cell Number: (_____) _____ E-Mail Address: _____

Name : _____

Address: _____
Street City State Zip Code

Telephone Number: (_____) _____ FAX Number: (_____) _____

Cell Number: (_____) _____ E-Mail Address: _____

Name : _____

Address: _____
Street City State Zip Code

Telephone Number: (_____) _____ FAX Number: (_____) _____

Cell Number: (_____) _____ E-Mail Address: _____

OTHER INFORMATION

Specify the various types of office machines, computer equipment or any other equipment you can operate, that are applicable to the position for which you are applying.

Specify the various types of software you can use.

Are you related to a current Temple College Board of Trustees Member? Yes No

Explain:

Are you related to anyone at Temple College? Yes No

Explain:

Have you ever been convicted of or pled guilty to anything other than minor traffic violations? Yes No

Explain the circumstances:

Existence of a criminal record does not constitute an automatic bar to employment.

NOTICE TO APPLICANT

I certify the information provided in this Application for Employment is true, correct, and complete. I understand that any misstatement, misrepresentation or omission of fact on this application will disqualify me for employment or if I am employed will result in my dismissal. Any application or attachment submitted becomes the property of Temple College.

I hereby authorize Temple College (TC) to investigate the truthfulness of all statements made on this application and any attachment, transcript, certificate, etc., and to contact former employer(s) and other listed references, institutions or any other person who can verify the authenticity of the information submitted. I hereby waive any right that I may have against any person contacted by TC including, but not limited to former employers, their respective institutions, other contacts, and any other institution providing information and I release each said person and/or institution from liability for providing this information.

I may submit unofficial copies of my transcripts with my application but if I am hired I understand that Temple College will require submittal of official transcripts, as part of TC's post hire reference checks and Southern Association of Colleges and Schools (SACS) requirements. Official transcripts are to be sent directly from the conferring institution to the TC Human Resources office. Failure to provide official transcripts may result in the withdrawal of the offered position. Student issued transcripts will not be accepted.

I understand that any employment opportunity offered by TC will subject the applicant to a post-offer criminal history check. If the position is a security sensitive position, the applicant will be subject to additional drug/psychological and/or credit screening. Discovery of adverse information or criminal convictions will not automatically disqualify the applicant from consideration. Previous criminal convictions related to the duties of the position may result in the withdrawal of the offered position. Each incident of adverse information or conviction discovered will be evaluated on its own merits with respect to time lapsed, circumstance, and seriousness of each event.

In compliance with the Immigration Reform and Control Act of 1986, all employees hired after November 6, 1986, are required to provide proof of identity and employment eligibility in the United States at the time employment is extended. Failure to provide proof of identity and verify employment eligibility will result in the withdrawal of the offered position.

In compliance with IRS guidelines, a Social Security number must be provided if an employment offer is extended and accepted.

Signature: _____

Date: _____

VOLUNTARY EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION SURVEY

You are invited to complete the following information as part of Temple College's Equal Employment Opportunity (EEO) reporting requirements. The information provided is strictly voluntary, will be kept in a confidential file separate from the Application for Employment, and will be used in summary form only.

Name: _____ Date: _____

Position applying for: _____ Social Security Number: _____

Ethnicity:

- American Indian or Alaskan Native**
A person having origins in any of the original peoples of North America or who maintains cultural identification through tribal affiliation or tribal recognition.
- Asian or Pacific Islander**
A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or Pacific Islands. This includes people from China, Japan, Korea, the Philippine Islands, American Samoa, India, and Vietnam.
- Black**
A person having origins in any of the black racial groups of Africa (except those of Hispanic origin).
- Hispanic**
A person of Mexican, Central or South American, Cuban, Puerto Rican or other Spanish culture or origin, regardless of race.
- White**
A person having origins in any of the original peoples of Europe, North Africa, or the Middle East (except those of Hispanic origin).
- Other**

Gender: Male Female

Veteran Status: Veteran Non-Veteran Vietnam Era Disabled Veteran

Are you an individual with a disability: Yes No

Referral Source (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Friend | <input type="checkbox"/> Temple Daily Telegram |
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Employment Agency |
| <input type="checkbox"/> Temple College Web Page | <input type="checkbox"/> Texas Workforce Commission |
| <input type="checkbox"/> National Publication (specify): | <input type="checkbox"/> Other Source or website (specify): |

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