Collin County Community College District

APPLICATION FOR EMPLOYMENT EQUAL OPPORTUNITY EMPLOYER

Please complete in Ink and Print clearly. Complete all sections even if enclosing resume.

If returning by mail, send to: 2200 W. University McKinney, Texas 75069

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DATE July 28, 1986			. SOCIA	SOCIAL SECURITY NO. 453-62-9406		
ME Jackson 1	Ronald Martin	<u>n</u>				
	oark Drive M			Texas		75069
Street	Saik Dilve in	City		State		7 3 0 0 9 Zip
SITIONS DESIRED: 1. 🗓	Evening Site S	upervis	sor	•		
2		 				<u></u>
oplying for a faculty posi	tion, please indicate what f	ield(s) you v	wish to teach	N/A		
you desire full time emp	oyment Yes or part to	me employr	nent?	U.S. Citizen?	XX. Yes i	No
ou were selected for a po	sition, when could you sta	rt? Augus	<u>st 1, 198</u> 6	If not, what is the	e status and le	ngth of your visa?
	on is sought, not for an employ THNICITY:XX_ Ca			ing and other requirer Hispanic		
				IOF (please identify		i
	SEX: XX M					
		RECORD	OF EDUCATION			
	SCHOOL		LOCATION	DATES ATTENDED	DIPLOMA, DEG	BEE
	SCHOOL		LOCATION	From To	OR CERTIFICA	
High School/GED	Marhall High	1	Marshall,T	x'48-'59	Yes	
College or University	Texas A&M Un	iv. (College Sta	a 1964	No	Wildlife Mgm
Graduate School						
Other						
fessional certifications o	r licenses Texas Rea	l Esta	te Sales L	icense		
			YMENT HISTORY			
ift with your present or m	ost recent work experience	and work b	ack through previo	ous positions. Attac	h additional sh	neet if necessary.
of Started Date Left	Name of Company		Locati			
-84 pres		Supervisor's Pos	CO MCK	inney, Tex	8eginning Salar	y Ending Salary
Self Employed		N/A			BOK	
	and planning,					
<u>ıd all variou</u>	s responsibili	ties o	f commerci	al constru	ction th	ru completion.
eason for Leaving Const	ruction laggin	g due	to down-tu	rn in econ	omv	
ale Started Date Left 05-84	Name of Company Jackson Wind	ow Com	pany Mc	Kinney , To	exas 75	5069
pervisor		Supervisor's Pos	sition	armey, r	Beginning Salar	ry Ending Salary
Lf = Employed britle and Duffes		N/.			24K	36K
						d Misc. Glass.
ties: Purchas	ing, planning,	desig	n, estimat	ing, accts	rec vb	L & payables,
	new business	(see at	ove)			
	DO NOT WRITE	BELOW TH	HIS SPACE, SKIP T	O REVERSE SIDE		<u>- </u>
	•			2		
Classification	Division		Started Work	Job Title/Cod	le	Rate
		1 1			ł	•

SKILLS INVENTORY

In order to help better match your qualifications with the appropriate positions, please complete by listing the total number of years experience you have in the following categories: 22_Years Supervisory experience Years of clerical experience 22 Years N/A Teaching experience Years of accounting experience 18 Years Data processing experience None Dictaphone/shorthand transcription experience None Computer/word processing experience None 50-60 Typing Speed . also 10 Key (touch) Years of post-secondary experience ___N/A Do you have a valid Texas driver's license? Yes Are you a currently licensed Texas Peace Officer? ____No Please list any other appropriate skills you may have: Purchasing, estimating, reading blueprints, and all other skills necessary to operate a sole-proprietorship for 22 years. Yes Were you in the armed forces? ____ ___ If so, what branch? Army National Guard Dates of duty: From 1959 ___то_1964 ___ Grade at discharge _ Sgt B-6 List duties and any special training received: Radio Communications and Clerical Have you ever been convicted for a violation of any law other than minor traffic violations? _____No__ If yes, give year, location and nature of violation and disposition. (A conviction will be considered only if relevant to a particular position.) N/A Have you ever filed a worker's compensation claim while working for any employer? NO No If yes, give date and nature of accident: N/A List any relatives currently working for the CCCCD: RELATIONSHIP **POSITION** LOCATION NONE PERSONAL REFERENCES List three persons who are not related to you who can provide general information about you. Do not repeat names of supervisors listed in your employment history. NAME **ADDRESS** PHONE OCCUPATION Carey Cox McKinney, Tx -1.278214-542 Owner. Carey Cox Company Richard Thoms, Sherman. 214-893-5795 Owner, Life Insurance Co. oe Detterman. McKInney. <u>214-542-4339</u> Owner, Meadow-Cent. Shell Person to notify in case of emergency Mrs Ron Jackson (wife) 317 Westpark Drive 214-542-5848 MAY WE CONTACT YOUR PRESENT EMPLOYER? __Yes_Yes PLEASE READ CAREFULLY 1 certify that statements made by me in this application are true, complete and correct to the best of my knowledge and belief. I understand that any false statements or omissions made by me in connection with my application may be grounds for rejection of my application or dismissal after employment. I hereby authorize Collin County Community College District to investigate, through whatever means deemed appropriate by the District, any information included in this application and all facits resulting from the investigation unless otherwise noted. CCCCD is also authorized to use any information obtained from its investigations to determine my suitability for employment. release CCCCD from any liability in connection with such investigation If employed, I agree to abide by the policies, procedures, rules, and regulations of the CCCCD I acknowledge the CCCCD prerogative of revising, at any time, the policies, procedures, rules and regulations and I agree to abide and be governed by such revisions. I understand that there is a probationary period of three months for all employees and that the CCCCD has the prerogative of dismissing new employees for any reason and without notice during the prohationary period and without employee access to the CCCCD grievance procedure. All employment with the CCCCD is dependent upon satisfactory performance I understand that submission of this application does not obligate the CCCCD in any way I hereby authorize any former employers or any other persons given as references (unless otherwise noted) to answer any questions that may be asked This application will be considered only if it is completed entirely, signed and dated below by authorize each former employer to open my personnel file to a representative of CCCCD. ignature of Applicant

Ronald. M.

Jackson