

TWC USE ONLY	
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Initialed By:	

Texas Workforce Commission—Career Schools and Colleges Director Application

Please mail this completed form with CSC-186 Fee Sheet and \$20 fee to:

Texas Workforce Commission
Career Schools and Colleges—Controller
101 East 15th Street
Austin, Texas 78778-0001

School Information

School Number: S	School Name:	
School's Physical Address:		
City:	State:	ZIP Code:

Applicant's

Last Name:	First Name:	Previous Names Used:
Social Security Number:		Date of Birth (mm/dd/yyyy):
Personal Phone Number:	Date of Employment as Director (mm/dd/yy):	

Educational History

Instructions: Indicate the **highest level** of education you have achieved. **Attach** proof of your education, such as **diplomas, certificates, and/or transcripts.**

Highest Level Achieved (Check one)	School Name Address, City, State, ZIP Code	Date Begun (mm/yy)	Date Ended (mm/yy)	Major and/or Minor
<input type="checkbox"/> High school diploma or GED <input type="checkbox"/> Homeschooled <input type="checkbox"/> College <input type="checkbox"/> Graduate school				

Professional Conduct

Instructions: If you answer Yes to A, B, C, or D below, complete form CSC-014B Professional Conduct. Sign the form and obtain the signature of a school official certifying the truth and accuracy of all statements made to explain the circumstances. Attach CSC-014B to this application and submit it with the other required documents.	Check Yes or No , (Below)
A. Have you ever had a diploma, credential, license, or certificate denied, revoked, or suspended?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Have you ever been dismissed or asked to resign from any position for immoral or unprofessional conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C. Have you ever been sued successfully for fraud or deceptive trade practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D. Have you ever been convicted of a felony or of a misdemeanor other than minor traffic offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Work Experience

Instructions: Check all that apply.

- Graduate of **an accredited college**
- Graduate of a **university** with **one year** of experience in **administration**
- Graduate of a **university** with **one year** of experience in **management**
- Total of **five years** of **administrative** experience
- Total of **five years** of **management** experience
- Total of **five years** of **higher education**

Section A. – Work Experience

Job Title:	From: (mm/yy)	To: (mm/yy)	Total: (yy/mm)
Employer:	Address:		
Phone Number:	Supervisor:		
Describe your work experience (administration and/or management):			

Section B. – Work Experience

Job Title:	From: (mm/yy)	To: (mm/yy)	Total: (yy/mm)
Employer:	Address:		
Phone Number:	Supervisor:		
Describe your work experience (administration and/or management):			

Section C. – Work Experience

Job Title:	From: (mm/yy)	To: (mm/yy)	Total: (yy/mm)
Employer:	Address:		
Phone Number:	Supervisor:		
Describe your work experience (administration and/or management):			

Section D. – Work Experience

Job Title:	From: (mm/yy)	To: (mm/yy)	Total: (yy/mm)
Employer:	Address:		
Phone Number:	Supervisor:		
Describe your work experience (administration and/or management):			

Applicant Certification

I certify that the following statements are true and correct. I agree, consent, and direct that any person or entity maintaining information in any form relating to my criminal history shall release all information upon the request of the Texas Workforce Commission (TWC). I further agree and permit TWC to obtain from any person or entity information relating to my personal background, reputation, and character, and I expressly direct that any such person or entity release such information upon the request of TWC. I release, discharge, and exonerate TWC, its agents or representatives, and any person or entity so furnishing information from any and all liability of every kind arising. The foregoing consent and release is valid and binding while I am seeking or have received approval under the authority of Chapter 132 of the Texas Education Code.

Further, my signature indicates that I have read and will comply with the Statement of Assurances for a director found in: www.texasworkforce.org/careerschoolforms

Typed or Printed Name of Applicant:

Title:

Signature of Applicant:

Date:

School Authorized Official Certification

As an officer, principal owner or board member, I have carefully reviewed and verified the qualifications of the proposed employee and his/her statements contained on this application. To the best of my knowledge and belief, he/she is qualified for the position as required by the rules for Texas Career Schools and Colleges, Section 807.62(b).

Typed or Printed Name of Owner or Owner Designee:

Title:

Signature of Owner or Owner Designee:

Date:

Appointed Designated Liaison

“As designated liaison, I certify I have been trained in survey procedures and will assist with compliance visits when the director is absent.” *Texas Administrative Code, 40 Title, §807.62(d)*

Social Security Number:

Typed or Printed Name of Designated Liaison:

Signature of Designated Liaison:

Date:

Notary

State of

County of

, where witnessed.

Subscribed and sworn to me on (mm/dd/yyyy)

My commission expires on (mm/dd/yyyy)

Signature of Notary

Stamp/Seal