

ON-LINE APPLICATION SIGNATURE PAGE
(Must be completed and submitted with this packet)

NAME _____ SS# _____ TITLE _____

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1. I certify that statements made by me in the on-line application for Collin County Community College District are true, complete and correct to the best of my knowledge and belief. I understand that any false statements, misrepresentations or omissions made by me during the application process shall be grounds for refusal to hire or if hired, termination.
 2. I hereby authorize Collin County Community College to investigate, through whatever means deemed appropriate by the college, any information included in the application and facts 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. I release CCCCD from any liability in connection with the investigation.
 3. I hereby authorize each former employer to open my personnel file to a representative of CCCCD.
 4. I hereby authorize any former employers or any other persons given as references (unless otherwise noted) to answer any questions that may be asked.
 5. If employed, I agree to abide by the policies, procedures, rules and regulations of CCCCD.
 6. Unless otherwise specified in writing, I understand that nothing contained in the employment application or in the granting of an interview is intended to create an employment contract between CCCCD and myself for either employment or for the providing of any benefit. I understand that if subsequent to the application, I am employed by CCCCD that both CCCCD and I have read and do understand CCCCD's intent that any employment relationship established between CCCCD and myself will be on an "at-will" basis.
 7. I understand that submission of the application does not obligate CCCCD in any way.

SIGNATURE OF APPLICANT

DATE