

ANGELO STATE UNIVERSITY

SUMMER CONFERENCE STAFF APPLICATION

Employer: _____	Position: _____	Full Time _____
Mailing Address: _____	Supervisor: _____	Part Time _____
City and State: _____	Supervisor's Phone: _____	Seasonal _____
Briefly describe your duties and responsibilities:		
Reason for Leaving:		

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Mailing Address: _____	Supervisor: _____	Part Time _____
City and State: _____	Supervisor's Phone: _____	Seasonal _____
Briefly describe your duties and responsibilities:		
Reason for Leaving:		

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

1. I certify that all the information provided by me in connection with my application, whether on this documentation or not, is true and complete and I understand that any misstatement, falsification, or omission of information shall be grounds for refusal to hire, or if hired termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that some state agencies will check with the Texas Department of Public Safety and/or the Federal Bureau of Investigation for any criminal history in accordance with applicable statutes.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you. I authorize Angelo State University to review my academic records and/or personnel records, which may be on file and the University and upon request, agree to furnish of other additional copies of other additional records to support my application.

Applicants Signature _____

Date _____