

# Angelo State University

## Porter Henderson Library

### APPLICATION FOR STUDENT EMPLOYMENT

Date \_\_\_\_\_

Name (exactly as it appears on your Social Security Card)

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

CID \_\_\_\_\_ ASU Email \_\_\_\_\_

Local Address \_\_\_\_\_

Street/PO Box

Apt/Room#

City

State

Zip Code

Local Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Perm Phone # \_\_\_\_\_

Classification \_\_\_\_\_ Major/Minor \_\_\_\_\_

Do you qualify for the Work Study program      Yes              No

Number of hours per week you are willing to work \_\_\_\_\_

Preferred times to work (i.e. mornings, afternoons, weekends, evenings, etc.) \_\_\_\_\_

Times that you are NOT available to work (other than class times) \_\_\_\_\_

**\*\*\*Please attach a printout of your current/upcoming semester's class schedule (available from the Student Services tab in RamPort). Your application will not be considered complete if the class schedule is not provided.**

Special skills/qualifications – list all special skills you possess (machines/office equipment you know how to use, level of proficiency in software/computer programs, etc.) \_\_\_\_\_

**EMPLOYMENT RECORD (Start with current or most recent position and work back)**

Employer:	Type of Business:	Full time:
Mailing address:	Supervisor:	Part time:
City/State:	Phone #:	Seasonal:
Start/End dates:	Reason for leaving:	Describe your duties:

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References:

Name	Address	Phone #	Relationship

Have you ever been convicted of a felony?      Yes      No

If you answer "Yes," explain on a separate sheet of paper, by providing the dates and nature of the offense, the name and location of the court, and the disposition of the case. A conviction may not disqualify you, but a false statement will. Note: some state agencies may require additional information related to convictions of misdemeanors and deferred adjudication.

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

- I certify that all the information provided by me in connection with my application, whether on this document 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, for termination.
- I understand that, as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
- 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.
- 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 any academic records or personal records which may be on file with the University and, upon request, I agree to furnish copies of other additional records to support my application.

MAY WE CONTACT

Present employer      Yes      No

Former Employers      Yes      No

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date