

## Angelo State University

Application for Student Employment

Fill out this application form completely. Do not leave questions blank. If questions are not applicable to you, enter "NA." A separate application must be completed for each position applied for. The application must be signed and dated. Resumes will not be accepted in lieu of applications.

Angelo State University is an Equal Opportunity Employer and does not discriminate on the basis of sex (including pregnancy), race, color, national origin, religion, age, disability, status as a covered veteran, genetic information, sexual orientation, or other protected categories, classes, or characteristis.

Print in black ink or typ	e.						
PERSONAL INFORMATI							
Name of position you	are applying for:						
Name:	Campus ID Number:						
(Last)	(First)	(Middle)					
Mailing Address: (Stre	et or P.O. Box)	(City)		(State)	(Zip)		
E-mail address:		Co	ntact Phone	No:			
Classification: Freshman Sophomore Junior Senior Graduate							
Approved for Work Study by Financial Aid Office: Yes No N/A Are you at least 17 years of age? Yes No							
Have you ever been employed by the State of Texas? Yes No  If yes, list the agency/agencies:  Are you currently employed by the State of Texas? Yes No							
Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge?   No							
If your answer is "Yes," explain in concise detail on a separate sheet of paper, giving the dates and nature of the offence, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will.							
EDUCATIONAL INFORMATION:							
Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 Did you graduate from high school or receive a GED? Yes No							
Type of School	Name & Location of School	Sem. Hrs. Completed	Graduated (Yes or No)	Type of Diploma or Degree	Major/Field of Study		
College or							
University							
Technical or							
Vocational							

AVAILABILITY:							
Date available for wo	rk:			Desired number of wo	ork hours per week:		
Please indicate the ho	ours that you antic	ipate being available	e to work:				
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		Sunday
EMPLOYMENT INFOR	MATION:						
Special Training/Skills/Qualifications: List all job related training or skills you possess and machines or office equipment you can use, such as calculators, printing or graphics equipment, computer equipment, and types of software and hardware.							
Employment Record: duties performed. Sta				ployment history and i back.	must accurately reflec	t all	significant
Position Title:				Starting Date:			Full-time
Employer:				Leaving Date:			Part-time
Mailing Address:							Summer
City, State, Zip:				Starting Base Salary:			Temp/Project
Employer's Phone No:				Ending Base Salary:			
Immediate Supervisor:				Reason for leaving:			
Supervisor Title:							
Briefly describe your duties and							
responsibilities:							
Position Title:				Starting Date:		П	Full-time
Employer:				Leaving Date:			Part-time
Mailing Address:							Summer
City, State, Zip:				Starting Base Salary:			Temp/Project
Employer's Phone No:				Ending Base Salary:			
Immediate Supervisor:				Reason for leaving:		1	
Supervisor Title:							
Briefly describe							
your duties and responsibilities:							

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Position Title:			Starting Date	e:		Full-time
Employer:			Leaving Date	e:		Part-time
Mailing Address:						Summer
City, State, Zip:			Starting Base Sa	alary:		Temp/Project
Employer's Phone No:			Ending Base Sa	lary:		
Immediate Supervisor:			Reason for leav	ving:		
Supervisor Title:						
Briefly describe your duties and responsibilities:						
MAY WE CONTACT:	Dr. D.					
Present Employer: Former Employer(s):	☐Yes ☐ No					
REFERENCES: List 3 pr	•	Dhana Na		\		
Nar	ne	Relationship	Phone No.		Address	
complete, and I unde termination. 2. I understand that a 3. I understand that t proof of registratio 4. I authorize any of t and previous empl subjects covered b such information to 5. I understand I hav receive and review	UNDERST he information prov rstand that any miss s a condition of emp he State of Texas re n or exemption from he persons or organ oyment, education, y this application, ar o you. e the right to reques the information upo	AD THE FOLLOWING STATEMICANDING AND ACCEPTANCE Exided by me in connection wattement, falsification, or on loyment I will be required to quires all males between 18 a registration upon hire. izations referenced in this against or any other information to and I release all such parties for and be informed about informed about informed about informed request. I also have the rist Government Code, Sections	BY SIGNING IN THE S vith my application, nission of information provide legal proof and 25 to register v oplication to give you hey might have, pe formation that the S ght to ask Angelo St	SPACE PROVIDED  , whether on this documents shall be grounds for respective of authorization to work with the Selective Servious any and all informations ersonal or otherwise, we have damages which must be state of Texas collects all tate University to correct the service of	refusal to the Urce and to on concerryith regard result bout me.	hire or, if hired  .S. present either  ning my present d to any of the from furnishing  I am entitled to
Applicant Signature				Date:		

Angelo State University uses E-Verify to confirm the employment eligibility of all newly hired employees. To learn more about E-Verify, including your rights and responsibilities, please visit <a href="http://www.uscis.gov/e-verify">http://www.uscis.gov/e-verify</a>.