Office of Human Resources

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 type.

PERSONAL INFORMATION:

Name of position you are applying for:

Name: (Last) (First) (Middle) Campus ID Number:

Mailing Address: (Street or P.O. Box) (City) (State) (Zip)

E-mail address: Contact 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

Are you currently employed by the State of Texas? ☐ Yes ☐ No

If yes, list the agency/agencies:

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? ☐ Yes ☐ 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 work: _____ Desired number of work hours per week: _____

Please indicate the hours that you anticipate being available to work:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

EMPLOYMENT INFORMATION:

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: This information will be the official record of your employment history and must accurately reflect all significant duties performed. Start with your current or most recent position and work back.

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:		☐ 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:		
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Employer's Phone No:		Ending Base Salary:		
Immediate Supervisor:		Reason for leaving:		
Supervisor Title:				

Briefly describe your duties and responsibilities:	

MAY WE CONTACT:

Present Employer: ☐ Yes ☐ No

Former Employer(s): ☐ Yes ☐ No

REFERENCES: List 3 professional or personal references

Name	Relationship	Phone No.	Address

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 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, 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 the State of Texas requires all males between 18 and 25 to register with the Selective Service and to present either proof of registration or exemption from registration upon hire.
4. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my present and 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.
5. I understand I have the right to request and be informed about information that the State of Texas collects about me. I am entitled to receive and review the information upon request. I also have the right to ask Angelo State University to correct any information that is determined to be incorrect. (Reference: Government Code, Sections 552.021 and 559.004)

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 http://www.uscis.gov/e-verify.