



Texas A&M University at Galveston

APPLICATION FOR EMPLOYMENT

It is the policy of Texas A&M University that in all aspects of its operations, each person shall be considered solely on the basis of qualifications, without regard to race, color, sex, religion, national origin, age, disabilities, or Vietnam Era Veteran status.

State law requires that you be informed that you are entitled to: (1) request to be informed about the information collected about yourself on this form (with a few exceptions as provided by law); (2) receive and review that information; and (3) have the information corrected at no charge. Contact penning@tamug.edu or (409) 740-4532.

In compliance with the Americans with Disabilities Act (ADA), if accommodations are needed for the application process, please inform the Employment Office.

IDENTIFICATION

Last Name:		First Name:		Middle Name:
Mailing Address:		City	State	Zip Code
Home Phone:	Cell Phone:		Business Phone:	
Position Applied For:			Date Applied:	
Date Available: ____/____/____	Email Address:			

EDUCATION AND TRAINING

Education – Indicate highest grade level completed:				
Name and Location of College, University, Business or Trade School	Did you Graduate?	What was your Major?	What Degree did you earn?	# of college credit hours completed

Driver's License

Please provide the following information:

State of Issue:	License #
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For Official Use Only

Former Foster Child

I am 25 years of age or younger and was under the permanent managing conservatorship of the Texas Department of Family and Protective Services on the day preceding my 18th birthday. Yes No

Are you related to any current Texas A&M University System employee, official, or regent? Yes No	If YES, where does the relative work?
Are you currently or have you previously worked for the Texas A&M University System? Yes No	If YES, please list the department(s) and dates of employment.

EMPLOYMENT EXPERIENCE

Start with your present or last position and work back, including military experience, if applicable. If you were ever employed in any position under a different name, please give the name used: _____

Job Title:		Immediate Supervisor Name:	Type of Position: Full Time Part Time Temporary Seasonal
Employer:		Supervisor's Title:	
Mailing Address:		Supervisor's Contact Number:	
City, State, Zip Code:			
Business Phone Number:		Final Rate of Pay:	If part-time, give the average number of hours worked per week:
Start Date:	End Date		
Work Performed:			
Specific Reason for Leaving:			

Job Title:		Immediate Supervisor Name:	Type of Position: Full Time Part Time Temporary Seasonal
Employer:		Supervisor's Title:	
Mailing Address:		Supervisor's Contact Number:	
City, State, Zip Code:			
Business Phone Number:		Final Rate of Pay:	If part-time, give the average number of hours worked per week:
Start Date:	End Date:		
Work Performed:			
Specific Reason for Leaving:			

Job Title:		Immediate Supervisor Name:	Type of Position: Full Time Part Time Temporary Seasonal
Employer:		Supervisor's Title:	
Mailing Address:		Supervisor's Contact Number:	
City, State, Zip Code:			
Business Phone Number:		Final Rate of Pay:	If part-time, give the average number of hours worked per week:
Start Date:	End Date:		
Work Performed:			
Specific Reason for Leaving:			

Job Title:		Immediate Supervisor Name:	Type of Position: Full Time Part Time Temporary Seasonal
Employer:		Supervisor's Title:	
Mailing Address:		Supervisor's Contact Number:	
City, State, Zip Code:			
Business Phone Number:		Final Rate of Pay:	If part-time, give the average number of hours worked per week:
Start Date:	End Date:		
Work Performed:			
Specific Reason for Leaving:			

Job Title:		Immediate Supervisor Name:	Type of Position: Full Time Part Time Temporary Seasonal
Employer:		Supervisor's Title:	
Mailing Address:		Supervisor's Contact Number:	
City, State, Zip Code:			
Business Phone Number:		Final Rate of Pay:	If part-time, give the average number of hours worked per week:
Start Date:	End Date:		
Work Performed:			
Specific Reason for Leaving:			

SKILLS INVENTORY

List any special training, licenses, foreign languages, computer/office skills, special equipment skills or other qualifications not listed on the previous pages:

PROFESSIONAL REFERENCES

Name:	Address:	Phone Number:	Relationship:	Email Address:

CONVICTION RECORD

Have you ever been convicted of a felony or are you a registered sex offender?

Yes No

Date of Conviction (Month and Year)	Describe the offense:

AGREEMENT

I certify the statements made by me in this application and materials supplied by me as part of my employment application are true, complete and correct to the best of my knowledge and belief. I understand that any falsification, misrepresentation, or omission of fact made herein will void this application and may be cause for denial of employment or immediate termination of employment, regardless of when or how it was discovered. I agree to revise this application should any of the information change.

I authorize Texas A&M University System or any of its components to make reference checks relating to my employment and I also authorize all prior employers to provide full details concerning my past employment. I understand that this application and all attachments are the property of Texas A&M University. I also understand that if I am eligible for overtime under provision of the Fair Labor Standards Act, all hours I work in excess of 40 in a workweek will be recorded in a compensatory time bank, at time and a half, unless management elects to pay me at time and a half. Furthermore, that I can take compensatory time off so long as my doing so would not unduly disrupt the activities of my department and my supervisor approves such absence. Unused overtime compensatory time will be paid upon termination of employment.

Texas A&M University is an at-will employer and may dismiss employees with or without cause. I understand that if employed by Texas A&M University I will be an at-will employee and may be dismissed from employment with or without cause.

I understand that if I am a male, I am required to sign a Certification of Registration Status for the Selective Service as a requirement for employment. I further understand if I am a male age 18 through 25, I must show proof of my registration with Selective Service at the time of hire. I understand that any offer of employment is contingent upon my completing the Immigration and Naturalization Service Employment Eligibility Verification (Form I-9) and providing documents to verify my identity and employment eligibility as required by law. When completing the Form I-9, I will be required to attest that I am a citizen or national of the U.S., a lawful Permanent Resident or an alien authorized to work.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

Date of Application

Signature of Applicant

**Texas A&M University Equal Employment Opportunity
Applicant Self-Identification Information Form
for Faculty-Equivalent Positions**

FOR OFFICE USE ONLY:	
Department:	Notice of Vacancy Number:
Title of Position Applied For:	
Post-Doctoral Research Associate <input type="checkbox"/>	Assistant Research Scientist <input type="checkbox"/>
Associate Research Scientist <input type="checkbox"/>	Research Scientist <input type="checkbox"/>

TO THE APPLICANT: Texas A&M University (TAMU) is required by Federal law to request and maintain aggregated data regarding the racial/ethnic, sex, and veteran status of applicants for employment. This data provides TAMU and the federal government with information necessary to monitor the university's compliance with affirmative action requirements. This information will not be considered as part of the application for employment and will, except where indicated, be separated from your application materials. Your response is voluntary.

Last Name:	First Name:	Middle Initial:
Address:	Phone Number: ()	
City, State, Zip Code:	Male: <input type="checkbox"/>	Female: <input type="checkbox"/>

<input type="checkbox"/> Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. If you select this category, you will be identified as Hispanic or Latino for federal and state reporting purposes even if you select one of the races below.
<input type="checkbox"/> White (Not of Hispanic origin)	All persons having origins in any of the original peoples of Europe, North Africa or Middle East.
<input type="checkbox"/> Black (Not of Hispanic origin)	All persons having origins in any of the black racial groups in Africa.
<input type="checkbox"/> Asian (Not of Hispanic origin)	All persons having origins in any of the original peoples of the Far East, Indian Subcontinent, or Southeast Asia. This includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not of Hispanic origin)	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> American Indian or Alaska Native (Not of Hispanic origin)	All persons having origins in any of the original peoples of North America and South America (including Central America) and who maintain tribal affiliation or community attachment.
<input type="checkbox"/> I choose not to answer.	

<input type="checkbox"/> *Veteran	I served in the military for 90 or more consecutive days during a national emergency declared in accordance with federal law and was discharged with other than a dishonorable discharge or was discharged for an established service-connected disability, and I am competent.
<input type="checkbox"/> *Surviving Spouse of a Veteran	I am a surviving spouse, who has not remarried, of a veteran killed while on active duty who served in the military for 90 or more consecutive days during a national emergency declared in accordance with federal law, and I am competent.
<input type="checkbox"/> *Orphan of a Veteran	I am a child of a veteran killed while on active duty who served in the military for 90 or more consecutive days during a national emergency declared in accordance with federal law, and I am competent.
<input type="checkbox"/> *Foster Child	I am 25 years of age or younger and was under the permanent managing conservatorship of the Texas Department of Family and Protective Services on the day preceding my 18 th birthday.
<input type="checkbox"/> None of the Above	I have read the above definitions and none of them apply to me.
<input type="checkbox"/> I choose not to answer.	

***If selected, this information will be shared with the hiring manager for preference where applicable.**

Signature: _____ Date: _____

Please send the completed form to the Human Resources Department email at HR@tamug.edu or by fax to 409-740-5005.