



The Texas A&M System is an equal opportunity employer committed to the principles of diversity in all aspects of its operations. Every individual will be considered solely on the basis of his/her qualifications and without regard to race, color, sex, religion, national origin, age, disability or Vietnam-era veteran status. In accordance with the American with Disabilities Act, applicants are welcome to request needed accommodations for any portion of the application process by asking a human resource representative for assistance. Please print in ink (black preferred) or type all answers.

**PERSONAL INFORMATION**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ Are you 18 or older? Yes  No

If hired, can you furnish proof you are eligible to work in the U.S.? Yes  No

Have you ever applied at Texas A&M-Kingsville? Yes  No  If yes, when? \_\_\_\_\_

Have you ever been employed with the Texas A&M System? Yes  No  If yes, when? \_\_\_\_\_

Have you been convicted of felony? Yes  No

If yes, please explain? \_\_\_\_\_

A "yes" answer does not automatically disqualify you from employment.

**POSITION FOR WHICH YOU ARE APPLYING**

Position Applied For: \_\_\_\_\_

List any relatives working for us: \_\_\_\_\_  
Name Relationship

How did you hear of the position? \_\_\_\_\_

Are you seeking full-time/part-time/temporary employment? \_\_\_\_\_

**EDUCATION**

High School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

High School Years Completed: \_\_\_\_\_ Graduate? Yes  No

Undergraduate College \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Years Completed: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

All Areas on this Application must be filled out "See Attached Resume" will **not** be accepted in lieu of submitting the requested information.

## EDUCATION

Graduate College \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Years Completed: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Business or Technical School \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Years Completed: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

## SPECIAL SKILLS

List any additional training or skills relating to the position. List machinery or equipment you operate relating to the position.

\_\_\_\_\_  
\_\_\_\_\_

A valid driver's license is required for those positions that indicate driving as an essential job function.

Do you have a valid driver's license? Yes  No

Driver's License Number \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last three years? Yes  No

If yes, give details \_\_\_\_\_

List professional, trade, business or civic activities and offices held (exclude labor organizations and memberships which reveal race, color, national origin, sex, age, disability or other protected status).

\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

Are you presently employed? Yes  No  May we contact your present employer? Yes  No

Have you ever used another name for work or school? Yes  No

If yes, give names \_\_\_\_\_

## BUSINESS REFERENCES (Give three references, excluding relatives or former employers)

Name	Address	Phone

All Areas on this Application must be filled out "See Attached Resume" will **not** be accepted in lieu of submitting the requested information.

## WORK HISTORY

Please list below all current and past employment, up to 10 years, beginning with your most recent position. If more space is needed, please attach additional sheets.

Name and address of employer          Dates of employment From: _____ /To: _____ Name of supervisor: _____	Describe in detail your job function and the reason for leaving.
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Name and address of employer          Dates of employment From: _____ /To: _____ Name of supervisor: _____	Describe in detail your job function and the reason for leaving.
---	--

Name and address of employer          Dates of employment From: _____ /To: _____ Name of supervisor: _____	Describe in detail your job function and the reason for leaving.
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### AFFIDAVIT

#### PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that the statements made by me in this application are true, complete and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statement made herein will void this application and any actions based on it. I agree to keep this application current should any of the information change. I authorize Texas A&M University-Kingsville to make any reference checks relating to my employment with Texas A&M University-Kingsville, and I also authorize all my prior employers to provide full details concerning my past employment. I understand this application and all attachments are the property of Texas A&M University-Kingsville and that my application will remain under consideration until the position I applied for has been staffed. If employed, I understand the first six months of my employment are probationary. My employment is also at-will, which means that either my employer or I can end the employment relationship at any time. The filing of this application and the acceptance thereof does not obligate Texas A&M University-Kingsville to respond in any way or take any action.

“State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information: and (3) you are entitled to have the information corrected at no charge to you.”

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

# EEO DATA FORM

The information requested being collected for the purpose of reporting to Federal, State and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment. It will be separated from the application. Your response is voluntary. Please type or print in black ink.

SSN	Last Name	First	MI
Address	City	State	Zip
<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Position applied for:			

Select one of the following categories of which you identify:

<input type="checkbox"/> <b>WHITE.</b> (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
<input type="checkbox"/> <b>BLACK.</b> (Not of Hispanic origin) All persons having origins in any of the black racial groups of Africa.
<input type="checkbox"/> <b>HISPANIC.</b> All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture/origin, regardless of race.
<input type="checkbox"/> <b>ASIAN OR PACIFIC ISLANDER.</b> All persons having origins in any of the original Peoples of the Far East, Indian Subcontinent, Southeast Asia or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa.
<input type="checkbox"/> <b>AMERICAN INDIAN OR ALASKAN NATIVE.</b> All persons having origins in any of the original peoples of North America.

Select the following category(ies) with which you identify:

- VETERAN.** I served actively in the United States Army, Navy, Marine Corps, Air Force, or Coastal Guard, in a reserve unit of one of these military components, or in The National Guard of the United States, and was discharged or released under conditions other than Dishonorable.
- DISABLED VETERAN.** I have a disability which entitles me to Veterans Administration disability compensation rated at 30 percent or more, or was discharged or released from active military duty because of a disability incurred or aggravated in the line of duty.
- VETERAN OF THE VIETNAM ERA.** I served more than 180 days on active duty with one of the United States Armed Forces (1) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; (2) in all other cases, between August 5, 1964, and May 7, 1975; or he/she met either Of the preceding criteria and was discharged or released from active duty for a service-connected disability.
- ORPHAN OF A VETERAN.** I am the child of a veteran killed while on active duty who had served in the military for 90 or more consecutive days during a national emergency declared in accordance with federal law, and is competent.
- SURVIVING SPOUSE OF VETERAN.** I am the surviving spouse, who has not remarried, of a veteran killed while on active duty who had served in the military for 90 or more consecutive days during a national emergency declared in accordance with federal law, and is competent.
- OTHER VETERAN DESIGNATION.** I served in the military for 90 or more consecutive days during a national emergency declared in accordance with federal law, and has been discharged with other than a dishonorable discharge or has been discharged for an established service-connected disability, and is competent.

How did you find out about this job?

- |  |   |                                 |
|--|---|---------------------------------|
| <input type="radio"/> Job Fair                 | <input type="radio"/> Professional Organization   | <input type="radio"/> Newspaper |
| <input type="radio"/> Professional Publication | <input type="radio"/> Walk-in                     | <input type="radio"/> Friend    |
| <input type="radio"/> TAMUK Employment Office  | <input type="radio"/> Job Line                    | <input type="radio"/> Internet  |
| <input type="radio"/> Job Bulletin             | <input type="radio"/> Texas Employment Commission | <input type="radio"/> Other     |

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date