

The rising STAR of Texas

EMPLOYMENT APPLICATION

for Non-Student, Non-Regular (Temporary)
Use black ink pen or type. Completely answer all items.

Human Resources 601 University Dr., JCK Suite 340 San Marcos, Texas 78666 (512) 245-2557

reinporary Position for which you ar	е лрргупту	
Personal Information		
Name (last, first, middle):	SSN:	-
Other names used:	Daytime Phone#: (
Mailing address (street, city, state, zip code):	Are you at least 17 year	ars old?
	Are you a current TXS	TATE student? ☐ Yes ☐ No
	If so, # of hours enroll	led:
State Employment: Are you currently or have you I	peen previously employed by Texas State? Yes	□ No
For any other State of Texas entity? Yes Yes	No If "yes" to either, state dates of employment, job	title, & entity:
Nepotism: Do you have any relatives by blood or n	narriage employed at Texas State or serving on the E	Board of Regents of the Texas State
University System? ☐ Yes ☐ No If "yes," list na	me(s), relationship(s), and department(s)/unit(s):	
If "yes," explain in concise detail on a separate page	a felony or subjected to deferred adjudication on a fige, giving dates and the nature of the offense, name squalify you for employment, but a false statement κ is of misdemeanors.	and location of the court, and
Education & Training [Applicants may be req	uired to provide proof of diploma, degree, transcript, licens	se, etc.]
Circle highest grade completed: 1 2 3 4 5 6 7	8 9 10 11 12 Did you graduate/achieve a GED?	Yes □ No
Undergraduate College/University Name & Location:		Degree/Date:
Dates attended:	Credit hours completed:	Major:
Graduate College/University Name & Location:		Degree/Date:
Dates attended: Credit hours completed:		Major:
Vocational, Technical or Business School Name & L	ocation:	
Dates attended:	Degree or Diploma:	
Military Service? ☐ Yes ☐ No If "yes," branch:	Rank/Rate: Active	Duty dates:
List special skills and machines or equipment you of	an use (e.g., computer, software, calculator, etc.):	
If required for the position, provide the following:		
License/Certification Type (P.E., R.N., JD, CPA, etc.):	Date issued: Lic	cense#:
Driver's License#:	State: Expiration date:	Class:
Language Fluency – Language(s):	Speak? ☐ Yes ☐ No Read? ☐	Yes □ No Write? □ Yes □ No

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Employment Record [Provide your employment history below with additional pages as necessary or attach a detailed resume.]

Current employer:	Telephone: ()
Supervisor name & title:	Your position/title:
Mailing address (street, city, state, zip code):	Start date (xx/xx/xxxx):
	End date (xx/xx/xxxx):
	Ending salary: \$
Description of duties and responsibilities in order of importance:	
Previous employer:	Telephone: ()
Supervisor name & title:	Your position/title:
Mailing address (street, city, state, zip code):	Start date (xx/xx/xxxx):
	End date (xx/xx/xxxx):
	Ending salary: \$
Description of duties and responsibilities in order of importance:	
Previous employer:	Telephone: ()
Supervisor name & title:	Your position/title:
Mailing address (street, city, state, zip code):	Start date (xx/xx/xxxx):
	End date (xx/xx/xxxx):
	Ending salary: \$
Description of duties and responsibilities in order of importance:	

Read the following statements carefully and indicate your understanding and acceptance by signing below.

- 1. I certify that all 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 United States.
- 3. I understand that Texas State University will check Texas Department of Public Safety and/or the Federal Bureau of Investigation records for any criminal history in accordance with applicable statutes.
- 4. I authorize any of the persons or organizations named in my application to give you any and all information about my employment, education, or other information they might have, personal or otherwise, with regard to any of these subjects. I release all such parties from all liability from any damages that might result from giving you this information.

THIS APPLICATION MUST BE SIGNED. APPLICANT	SIGNATURE:	DATE:
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