

Application for Employment

Texas Government Code Section 657.007, states an employment preference may be extended to qualified veterans, surviving spouses and orphans in the event there are two or more individuals equally qualified for a position. It must be given at the time of final selection. To claim veteran's preference, verifying documentation must be submitted to the employment office.

Texas Government Code Section 672.001, states an employment preference must be extended to an applicant that is 25 years of age or under and was under the permanent managing conservatorship of the DFPS as a foster child on the day preceding their 18th birthday. Such preference is to be granted over other applicants who do not have a greater qualification. To claim preference, verifying documentation must be submitted to the employment office.

It is the policy of Texas Tech 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, refusal to submit to a genetic test, or any other legally protected class. With few exceptions, you have the right to request and be informed about the information that Texas Tech collects about you. You are entitled to receive and review that information upon request. You also have the right to ask Texas Tech to correct any information that is determined to be false.

For instructions to submit documentation, contact: Texas Tech University, (806) 742-3851 ext.238, email: hrs.employee.services@ttu.edu

Date of Application _____ **Position Applying for** _____

When will you be able to begin work? _____

Days and Hours Available for Work:

	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
	From	To	From	To	From	To	From	To	From	To	From	To	From	To
AM														
PM														

Referral Source

- Advertisement
 Employee
 Relative
 Walk-In
 Private Employment Agency
 Government Employment Agency
 Other _____

Personal Information

First Name _____ Middle Name _____ Last Name _____
 Address _____ City _____
 State _____ Zip Code _____ Country _____
 Home Phone _____ Work Phone _____ Cell/Other Phone _____

Email (If you do not have an e-mail address, please sign up for any free internet e-mail account) _____

Can you submit verification of your legal rights to work in the United States? (Proof of eligibility will be required upon employment) Yes No

Are you 17 years of age or under? Yes No

Have you ever been employed at any Texas Tech component Yes No

Are you related by blood or marriage to any member of the Board of Regents of Texas Tech? Yes No

Are you related by blood or marriage to any employee of Texas Tech? Yes No

If yes, relative's name and department _____

Have you ever been convicted, placed on probation, or placed on deferred adjudication for any criminal charges? Yes No

If yes, provide details (Type of Offense/ Date / Sentence / Deposition) _____

Select Highest Educational Level _____

Education

Name of School _____	Type of School _____
City _____ State _____	
Course of Study _____	Last month and year attended _____
Did you graduate / complete program? <input type="radio"/> Yes <input type="radio"/> No Degree / Certificate _____	
If you did not graduate / complete the program, number of credit hours completed _____	

Name of School _____	Type of School _____
City _____ State _____	
Course of Study _____	Last month and year attended _____
Did you graduate / complete program? <input type="radio"/> Yes <input type="radio"/> No Degree / Certificate _____	
If you did not graduate / complete the program, number of credit hours completed _____	

Work Experience

Employer Name _____	
Address _____	City _____
State _____ Zip Code _____	Phone Number _____
Begin Date _____	End Date (Leave blank if Current Job) _____
Work Performed _____	

Ending Salary _____	Supervisor Name _____	Supervisor Title _____
Reason for Leaving _____	Type of Work _____	May we contact this employer? _____

Employer Name _____		
Address _____		City _____
State _____	Zip Code _____	Phone Number _____
Begin Date _____	End Date (Leave blank if Current Job) _____	
Work Performed _____		
Ending Salary _____	Supervisor Name _____	Supervisor Title _____
Reason for Leaving _____	Type of Work _____	May we contact this employer? _____

Employer Name _____		
Address _____		City _____
State _____	Zip Code _____	Phone Number _____
Begin Date _____	End Date (Leave blank if Current Job) _____	
Work Performed _____		
Ending Salary _____	Supervisor Name _____	Supervisor Title _____
Reason for Leaving _____	Type of Work _____	May we contact this employer? _____

Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience that may qualify you to work for Texas Tech

List professional, trade, business, or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List special accomplishments, publications, awards. (Exclude memberships which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

List any additional information you would like us to consider.

Personal References (List name and telephone number of three business/work references who are *not* related to you and who are *not* your previous supervisors. If not applicable, list three school or personal references who are not related to you.)

Name	Telephone	Years Known

Certify

I certify that all answers to the questions in my application and the supplemental questions and the information contained in my resume and other attached documents, if any, are true, complete, and correct to the best of my knowledge. I further understand that any misstatement, falsification, or omission of information will be sufficient grounds for rejection of the application, or termination of employment.

I authorize Texas Tech to make reference checks relating to my employment and I also authorize all prior employers to provide full details concerning my past employment. I release all such parties from all liabilities from any damages which may result from furnishing such information. I understand that this application and all attachments are the property of Texas Tech.

I understand that any offer of employment tendered me is contingent upon my agreement to abide by the rules and regulations of Texas Tech.

I understand that if I am applying for any position involved in patient care or the process of billing of medical services, my name must not be found on the Texas Department of Health State / Federal Medicare and Medicaid exclusion lists. Any offer of my employment will be void if my name is found on the exclusion listing.

I understand that if I am male, I am required to sign a Certification of Registration Status for the Selective Services as a requirement for employment. I further understand that if I am a male age 18 through 25, I must show proof of registration with Selective Services 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.

I understand that if I am assigned to work on a federal contract at any Texas Tech entity that contains a clause requiring the contractor to use the E-Verify program, that my eligibility for employment will be confirmed through the E-Verify system.

If I am applying for employment at Texas Tech University, I understand that if I am applying for a security sensitive position, I will be subject to a background investigation and/or drug test.

I understand that continuation of employment is at the discretion and will of the institution. This is an application for employment and no employment contract is being offered. If employed, such employment is for an indefinite period of time and the institution can change wages, benefits and conditions or may terminate the employee at any time.

I certify that I have read and agree with these statements.

Signed By

Signature

Date

Voluntary Affirmative Action Form

Date _____	Position Applied For _____	
Last Name _____	First Name _____	Middle Name _____
Social Security Number _____	Sex _____	

As required, we comply with government regulations including Affirmative Action obligations where they apply. In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your Cooperation is appreciated. Please be advised that your survey is **not** a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Ethnicity

- | | | |
|---|---|---|
| <input type="checkbox"/> AI, American Indian / Alaskan Native | <input type="checkbox"/> AS, Asian | <input type="checkbox"/> B, Black |
| <input type="checkbox"/> CU, Cuban American | <input type="checkbox"/> HI, Hispanic | <input type="checkbox"/> HP, Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> MX, Mexican American | <input type="checkbox"/> NR, Non-Resident Alien | <input type="checkbox"/> PR, Puerto Rican living in US |
| <input type="checkbox"/> U, Unknown | <input type="checkbox"/> WH, White | |

Special Notice to Vietnam Era Veterans, Disabled veterans and individuals with physical or mental handicaps or disabilities.

Government contractors subject to the Vietnam Era Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and qualified handicapped individuals. You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will not adversely affect your consideration for employment.

If you wish to be identified, please check if any of the following are applicable.

- | | | |
|---|---|---|
| <input type="checkbox"/> Not Selected | <input type="checkbox"/> Other Protected Veteran Only | <input type="checkbox"/> Vietnam Veteran Only |
| <input type="checkbox"/> Both Vietnam / Other Protected Veteran | <input type="checkbox"/> Individual w/ a disability | |

To be completed by applicant - Not for interview purposes - To be filed separately from application.

This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or necessitated by another federal law or regulation.