

NAME \_\_\_\_\_  
Last First Middle

SOCIAL SECURITY NUMBER \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_ DATE \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_  
Street City/State Zip How Long?

(Check one only)  
☐ U.S. Citizen    ☐ Non-citizen with permanent Resident Visa. Visa Type \_\_\_\_\_  
☐ Non-citizen without permanent Resident Visa. (Work authorized) Visa type \_\_\_\_\_  
☐ Non-citizen without permanent Resident Visa. (Work not authorized) Visa type \_\_\_\_\_

## TEXAS WOMAN'S UNIVERSITY APPLICATION FOR EMPLOYMENT

### Affirmative Action/Equal Opportunity University

The filing of this application and our acceptance thereof does not indicate there are positions available and in no way obligates Texas Woman's University. The information contained herein will be regarded as confidential and, together with all attached papers, is the property of Texas Woman's University.

## EDUCATION AND TRAINING

CIRCLE LAST SCHOOL YEAR COMPLETED	Grammar								High School				College				Graduate			
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
NAME OF SCHOOL	ADDRESS (IN FULL)								FROM		TO		GRADUATED YES NO		TYPE OF DEGREE		MAJOR		MINOR	
HIGH SCHOOL																				
UNDERGRADUATE COLLEGE(S)																				
GRADUATE COLLEGE(S)																				
OTHER SCHOOLS, OR LICENSES REQUIRED																				

LIST OTHER TRAINING OR SKILLS (OFFICE MACHINES, COMPUTERS, PLANT EQUIPMENT, ETC.) _____ _____ _____ _____	Have you ever been convicted or sentenced for violation of any law, other than minor traffic violations? (A conviction will not necessarily be a bar to employment.) Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Offense _____ Date _____ Sentence _____	
	Have you ever been employed by TWU? Yes <input type="checkbox"/> No <input type="checkbox"/>		Dates _____ Position _____ Location _____	
	REGULAR Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>		TEMPORARY Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>	
	MINIMUM SALARY REQUIREMENT (PER MONTH) _____		Are you under age of 16? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Driver's License No. and State _____		Hours I can work _____		Date Available _____
Have you ever been discharged or forced to resign from any position? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details: _____				
Position you are applying for: _____ This application is active until this vacancy is filled. Only qualified applicants will be considered for this vacancy.				

Are you related by blood or marriage to any member of the Board of Regents, or faculty, or staff of The Texas Woman's University? Yes ☐ No ☐

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

For Personnel Use Only

Typing: \_\_\_\_\_/\_\_\_\_\_

LIST THE POSITIONS (INCLUDING SCHOOL JOBS IF APPLICABLE) WHICH YOU HAVE HELD FOR THE PAST TEN YEARS. DO NOT LEAVE ANY PERIODS UNACCOUNTED FOR (USE ADDITIONAL SHEETS IF NECESSARY). BEGIN WITH YOUR PRESENT OR MOST RECENT POSITION AND WORK BACK. MAY WE CONTACT YOUR PRESENT EMPLOYER? YES ☐ NO ☐

NAME OF FIRM OR ORGANIZATION <hr/> STREET ADDRESS <hr/> CITY AND STATE <hr/> PHONE NUMBER <hr/> NAME & TITLE OF IMMEDIATE SUPERVISOR <hr/> REASON FOR LEAVING <hr/>	FROM MONTH    YEAR	TO MONTH    YEAR	SALARY PER STARTING    \$ FINAL        \$
			TITLE: _____ JOB DUTIES: _____ <hr/> <hr/>

  

NAME OF FIRM OR ORGANIZATION <hr/> STREET ADDRESS <hr/> CITY AND STATE <hr/> PHONE NUMBER <hr/> NAME & TITLE OF IMMEDIATE SUPERVISOR <hr/> REASON FOR LEAVING <hr/>	FROM MONTH    YEAR	TO MONTH    YEAR	SALARY PER STARTING    \$ FINAL        \$
			TITLE: _____ JOB DUTIES: _____ <hr/> <hr/>

  

NAME OF FIRM OR ORGANIZATION <hr/> STREET ADDRESS <hr/> CITY AND STATE <hr/> PHONE NUMBER <hr/> NAME & TITLE OF IMMEDIATE SUPERVISOR <hr/> REASON FOR LEAVING <hr/>	FROM MONTH    YEAR	TO MONTH    YEAR	SALARY PER STARTING    \$ FINAL        \$
			TITLE: _____ JOB DUTIES: _____ <hr/> <hr/>

  

NAME OF FIRM OR ORGANIZATION <hr/> STREET ADDRESS <hr/> CITY AND STATE <hr/> PHONE NUMBER <hr/> NAME & TITLE OF IMMEDIATE SUPERVISOR <hr/> REASON FOR LEAVING <hr/>	FROM MONTH    YEAR	TO MONTH    YEAR	SALARY PER STARTING    \$ FINAL        \$
			TITLE: _____ JOB DUTIES: _____ <hr/> <hr/>

  

NAME OF FIRM OR ORGANIZATION <hr/> STREET ADDRESS <hr/> CITY AND STATE <hr/> PHONE NUMBER <hr/> NAME & TITLE OF IMMEDIATE SUPERVISOR <hr/> REASON FOR LEAVING <hr/>	FROM MONTH    YEAR	TO MONTH    YEAR	SALARY PER STARTING    \$ FINAL        \$
			TITLE: _____ JOB DUTIES: _____ <hr/> <hr/>

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 statements made herein may void this application and any actions based on it. I understand that any offer of employment tendered me is contingent upon my agreement to abide by the rules and regulations of the Board of Regents of The Texas Woman's University. I understand that employment and compensation can be terminated, with or without cause, and with or without notice, at anytime, at the option of either the University or the employee. I authorize Texas Woman's University to contact references and former employers. In the event that I am in a position deemed by the Institution to warrant a background investigation, I authorize the Institution to conduct a police inquiry regarding any past or current charges, convictions, investigations, etc.

**I understand that all offers of employment extended by the Texas Woman's University will be contingent upon my ability to provide documents which establish proof of my identity and eligibility to work in the United States.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

State law (Leg. House Bill 1922) with limited exceptions, allow you to be informed about information the University collects about you, to review and obtain the information on this form and to correct any information you believe is incorrect.

Disclosure of your social security number (SSN) is required as a unique number to identify you at TWU. Any further disclosure of your SSN will be governed by *The Public Information Act* (Chapter 552 of the Texas Govt. Code).

**TEXAS WOMAN'S UNIVERSITY**  
**REFERENCES AND PROOF OF SELECTIVE SERVICE**

Applicant's Name: \_\_\_\_\_  
(Please Print)

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

**Provide one reference from the 3 most recent employers or customers, if self-employed, or professors, if student. Exclude relatives and friends.**

1. Name of Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name of Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Name of Reference: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**SELECTIVE SERVICE VERIFICATION**

Please complete the information requested below. If born January 1, 1960 or after, attach a copy of proof of registration or exemption. Proof of exemption can be obtained at <http://www.sss.gov>. If born before January 1, 1960, no proof of registration or exemption is required. State law requires independent verification.

**Print Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

If born January 1, 1960 or after, please provide proof of

\_\_\_\_\_ 1) registration (copy of Selective Service Card or print-out from Selective Service website) or

\_\_\_\_\_ 2) exemption from registration with the selective service system

**By signing this form, I hereby certify that the information that I have provided is true and correct.**

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

State law (Leg. House Bill 1922) with limited exceptions, allows you to be informed about information the University collects about you, to review and obtain the information on this form and to correct any information you believe is incorrect.

Disclosure of your social security number (SSN) is required as a unique number to identify you at TWU. Any further disclosure of your SSN will be governed by The Public Info. Act (Chapter 552 of the Texas Govt. Code).

# NOTIFICATION and AUTHORIZATION TO OBTAIN INFORMATION

In connection with my application for employment with Texas Woman's University, I understand that prior to or at any time after my employment commences a Consumer Report may be requested for employment purposes from Texas Woman's University (TWU) from public records including, but not limited to Social Security number, motor vehicle operation history and criminal history to the extent permitted by law from various local state, and federal agencies. Further, I understand that an Investigative Consumer Report may be requested and, as required under § 1681d(a)(1), I understand that this Report may include information as to my character, general reputation personal characteristics, mode of living, work habits, performance experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

**I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR; COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING; ADMINISTRATOR; LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY; CREDIT BUREAU; COLLECTION AGENCY; PRIVATE BUSINESS; MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER PERSONAL REFERENCE; AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION) OR ANY OTHER INFORMATION REQUESTED BY TWU.**

I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name and address of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency, and from any other consumer credit Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and (ii) to dispute the accuracy or completeness of any information in a consumer credit report furnished by the Reporting Agency. I understand that upon my request with reasonable notice, TWU will supply me with investigative information in my file during normal business hours in person or upon written request, by mail or telephone as permitted by law.

I understand that any Consumer Report or Investigative Consumer Report requested will be used strictly for employment purposes as defined under the Fair Credit Reporting Act §603(h), as a report to be used for the purpose of evaluation for employment promotion, reassignment or retention as an employee. I further understand that any offer of employment, promotion or reassignment will be conditional upon the receipt of satisfactory information as required by and that to be considered for employment promotion, or reassignment, I must authorize the procurement of such Report(s). A photographic or faxed copy of this Notification and Release Authorization shall be as valid as the original.

---

State law (Leg. House Bill 1922) with limited exception, allow you to be informed about information the University collects about you, to review and obtain the information on this form and to correct any information you believe is incorrect.

Disclosure of your social security number (SSN) is required under this form for identification purposes. Any further disclosure of your SSN will be governed by The Public Info. Act (Chapter 552 of the Texas Govt. Code)

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 statements made herein may void this application and any actions based on it. I understand that any offer of employment tendered me is contingent upon my agreement to abide by the rules and regulations of the Board of Regents of The Texas Woman's University. I understand that employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the University or the employee. I authorized Texas Woman's University to contact references and former employers. In the event that I am in a position deemed by the Institution to warrant a background investigation, I authorize the Institution to conduct a police inquiry regarding any past or current charges, convictions investigations, etc. I understand that all offers of employment extended by the Texas Woman's University will be contingent upon my ability to provide documents which establish proof of my identity and eligibility in the United States.

---

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name/Initial \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State issued \_\_\_\_\_

D.O.B. \_\_\_\_\_ Have you used any names or social security numbers other than above? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list other names used \_\_\_\_\_ Please list other SS number used \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**DPS Computerized Criminal History (CCH) Verification  
(AGENCY COPY)**

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/Review%20of%20Personal%20Criminal%20History) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

**(This copy must remain on file by this agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee (optional)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ____ Vol/Contractor ____	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	

# **Texas Woman's University**

## **Application Retiree Data Form**

Applicant Name: \_\_\_\_\_

Are you a retiree of the Teachers Retirement System of Texas (TRS):

Yes\_\_\_\_ No\_\_\_\_

If you are a TRS retiree, did you retire on or after September 1, 2005:

Yes\_\_\_\_\_ No\_\_\_\_\_ Not Applicable \_\_\_\_\_

If you have questions regarding Employment after Retirement, please call TRS at 1-800-223-8778 or the TWU Benefits Office at 940-898-3552.

Applicant Signature: \_\_\_\_\_

**Texas Woman's University  
Veteran's Employment Preference Form**

**Are you eligible for Veteran's Preference?**

☐ Yes ☐ No

You are eligible for a Veteran's Preference in accordance with Texas Government Code, Section 657.002 if you are:

**1. A Veteran:**

- a. A Person who served in: the army, navy, air force, coast guard, or marine corps of the United States or the the United States Public Health Service under 42 U.S.C. Section 201 et seq., as amended or the Texas military forces as defined by Section 437.001 or an auxiliary service of one of those branches of the armed force; and
- b. Were honorably discharged from the military service.

If you meet all these qualifications, you should respond "Yes" to this question.

**2. A Veteran with a Disability:**

- a. A veteran who is classified as disabled by the United States Department of Veterans Affairs or its successor or the branch of the service in which the veteran served and whose disability is service-connected.

If you meet this qualification, you should respond "Yes" to this question.

**3. A Surviving Spouse or Orphan of a Veteran:**

- a. A veteran's surviving spouse who has not remarried or an orphan of a veteran qualifies for a veteran's preference if the veteran was killed while on active duty; and
- b. The spouse or orphan is competent to perform the duties of the position.

If you meet these qualifications, you should respond "Yes" to this question.

**If you are eligible for a Veteran's Preference please choose one of the following:**

☐ Veteran ☐ Veteran with a Disability ☐ Surviving Spouse ☐ Orphan

**If you chose Veteran or Veteran with a Disability, please enter branch and service dates**

Branch:  Service Date From:  Service Date To:

*The required preferences do not compel Texas Woman's University to appoint an individual who qualifies for a Veteran's Employment Preference. Individuals who qualify for a Veteran's Employment Preference are entitled to a preference in employment over other applicants for the same position who do not have a greater qualification.*

*Individuals applying for an employment preference in accordance with this act may submit a copy of the service discharge (DD214) or other separation documentation and, if applicable, DD 1300, death, birth and/or marriage certificates. If applicable, proof of disability may be required upon request. To qualify for a Veteran's Preference, verifying documentation must be submitted prior to offer of employment.*

Name:  Date:

Signed By \_\_\_\_\_

**For HR verification use only:**

- ☐ Veteran ☐ Veteran with a Disability ☐ Surviving Spouse ☐ Orphan
- ☐ DD214 or other Separation Document (Required for Veteran and Veteran with a Disability)
- ☐ DD1300 or Death Certificate of Veteran (Required for Surviving Spouse or Orphan)
- ☐ Marriage Certificate (Required for Surviving Spouse)
- ☐ Birth Certificate (Required for Orphan)
- ☐ Proof of Disability (May be required upon request for Veteran with a Disability)

HR Rep :  Date:

# Texas Woman's University

## Employment Preference for Former Foster Youth Form

Do you qualify for and wish to claim a Former Foster Youth Preference?

☐ Yes ☐ No

Texas Government Code Section 672.002, states and employment preference may be extended to an applicant that is 25 years of age or under and was under the permanent managing conservatorship of the Texas Department of Family and Protective Services as a foster youth on the day preceding their 18th birthday. Such preference is to be granted over other applicants who do not have a greater qualification.

*The required preference does not compel Texas Woman's University to appoint an individual who qualifies for a Former Foster Youth Preference. Individuals who qualify for a Former Foster Youth Preference are entitled to a preference in employment over other applicants for the same position who do not have a greater qualification. The position of private secretary or deputy of an official or department; or an individual holding a strictly confidential relation to the employing officer are excluded from this preference.*

*Individuals applying for an employment preference in accordance with this act may submit verifying documentation. To qualify for a Former Foster Youth Preference, verifying documentation must be submitted prior to offer of employment.*

Name:

Date:

Signed By \_\_\_\_\_

For HR verification use only:

☐ Verifying documentation from the Texas Department of Family and Protective Services

HR Rep :

Date: