

EDUCATION

All applicants for administrative/professional and faculty positions must attach transcript(s) to this application. Photocopies are accepted, however, an official transcript will be required upon hiring.

High School Diploma or Equivalent: <input type="checkbox"/> Yes <input type="checkbox"/> No		High School:	City/State:
Colleges/Universities - Name and location	Years attended	Major	Degree received
	to		
	to		
	to		
Other training or education - Name and location of school			Years attended

Major Courses of Study

Undergraduate	Credit Hours	Graduate	Credit Hours

Are you now a licensed or certified member of any profession or trade? Yes No

Kind of license and state:

License/certification number and year:

Foreign Language	Read	Write	Speak	Indicate other skills (if applicable)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpreter <input type="checkbox"/> Sign Language <input type="checkbox"/> Other:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interpreter <input type="checkbox"/> Sign Language <input type="checkbox"/> Other:

MILITARY EXPERIENCE

Military Service? Yes No

Branch:

From:

To:

Special military training received:

EMPLOYMENT EXPERIENCE

Start with your present or last position and work back. If you were ever employed in any position under a different name, give each position and name used. Account for periods of unemployment. Use supplemental sheet if needed.

Name of firm or organization:		Starting & Ending date mth/yr: to		# Years
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job title:		# supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Street address:		City		State Zip
Phone: () -	Starting salary: Final salary:		Name and title of immediate supervisor:	
Description of duties: (do not write 'see resume'):				
Reason for leaving:				

Name of firm or organization:		Starting & Ending date mth/yr: to		# Years
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job title:		# supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Street address:		City		State Zip
Phone: () -	Starting salary: Final salary:		Name and title of immediate supervisor:	
Description of duties: (do not write 'see resume'):				
Reason for leaving:				

Name of firm or organization:		Starting & Ending date mth/yr: to		# Years
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Job title:		# supervised:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Street address:		City		State Zip
Phone: () -	Starting salary: Final salary:		Name and title of immediate supervisor:	
Description of duties: (do not write 'see resume'):				
Reason for leaving:				

ALL APPLICANTS ANSWER QUESTIONS 1 & 2:

use additional pages as necessary

1. Hobbies, special interests, and skills:

2. Are there any other outstanding features of your training and/or experiences that you believe will assist us in evaluating your capabilities?

FACULTY APPLICANTS MUST ALSO COMPLETE THE FOLLOWING QUESTIONS:

Use additional pages as necessary.

3. List academic honors you have received including scholarships, fellowships, and prizes: honorary scholastic societies to which you have been elected. Please identify titles that are not self-explanatory.

4. Title of Masters thesis:

5. Title of Doctor's dissertation:

6. Candidate for what degree:

Where:

Date expected:

7. Have you done any practice teaching? Yes No

In what field?

On what level?

How many hours?

8. List learned societies of which you are a member:

9. Describe travel experiences which you feel have contributed to your education background:

10. Detail summer service projects (give dates and locations):

11. Are you listed with any teachers' agencies? Yes No

If so, please list by name:

12. List publications you have written using correct bibliographical form and dates where applicable:

13. What is your basic philosophy of education?

APPLICANT EEO DATA RECORD

Applicants are considered for all positions, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability.

The information requested is being collected for the purpose of reporting to Federal and Equal Employment Opportunity Agencies and will not be considered as part of the application for employment.

It will be separated from the application

Name:	Date:
Position applied for:	

REFERRAL SOURCE

- | | |
|--|---|
| <input type="checkbox"/> A - National Publication | <input type="checkbox"/> E - Texas Workforce Commission |
| <input type="checkbox"/> B - Local Minority Newspaper | <input type="checkbox"/> F - Website |
| <input type="checkbox"/> C - Austin American-Statesman | <input type="checkbox"/> G - Walk-In |
| <input type="checkbox"/> D - Community Outreach Agency | <input type="checkbox"/> H - Other: |

AFFIRMATIVE ACTION SURVEY

Submission of this information is optional.

Check one: 1. Male 2. Female

Check one: 1. African-American 2. White 3. Hispanic
4. Asian/Pacific Islander 5. American Indian/Alaskan 6. Other:

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Disabilities

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

Disabled Individual Disabled Veteran Vietnam Era Veteran

Signature

**PRE-EMPLOYMENT
BACKGROUND INVESTIGATION
WAIVER**

By my signature, I authorize Eakins and Associates to release the following records to the Huston-Tillotson University Human Resource Office, 900 Chicon, Austin, TX, 78702 for the given reasons.

- Licensing Records
- Employment History
- Criminal History (Convictions)
- Driver's License History
- Education History
- Employee Training Record

Reason for Release: Employment by the University

I expressly waive my right to hold the agency/organization, Chief Administrator, or other officials of the agency/organization liable for civil damages for the contents of employment history reports and files released when the agency/organization made the report in good faith,

and,

I expressly waive my right to hold the agency/organization, Chief Administrator, or other officials of the agency/organization liable for civil damages for any action based on information contained in my employment history records.

Printed Name of Applicant: _____

Signature of Applicant: _____

Applicant's Date of Birth: _____

Applicant's Driver's License: State: _____ Number: _____