

# HUSTON-TILLOTSON UNIVERSITY **APPLICATION FOR EMPLOYMENT**

Huston-Tillotson University (HT) is an Equal Opportunity/Affirmative Action employer.

HT administers its policies in a non-discriminatory manner and does not discriminate against persons because of race, color, religion, sex, national origin, age, marital or veteran status, or disability.

HT is committed to full compliance with both the Drug Free Workplace and the Drug Free Schools and Communities Acts.

All applications should be submitted to:

**Director of Human Resources** Huston-Tillotson University 900 Chicon Austin, TX 78702

Please type of print. Submit an application for each position for which you are applying.

Staff position applied for:	Salary desired:
Faculty position applied for:	<ul><li>Full-time</li><li>Part-time</li></ul>
If accorted, how soon would you be available for work?	

If accepted, how soon would you be available for work?

PERSONAL DATA – Complete all blanks					
Last Name:	First Name:	Middle Initial	Social Se	curity Number: -	
Mailing Address:		City:	State:	Zip Code -	
Home Phone: ( )	Alternate Contact Number: ( ) -				
Are you currently an employee of HT?       Yes       No         If yes, give title and department:       Have you ever worked for HT?       Yes					
Do you have any relatives employed by Huston-Tillotson University or who serve on the Board of Trustees? Yes No If yes, give name(s), relationship, position, and/or title:					

Are you authorized to work in the U.S.? Yes No

Have you ever been convicted of a crime? 🗌 Yes 🗌 No (Criminal convictions are not an absolute bar to employment but a false statement is). Additional information may be required if relevant to the position for which you have applied. NOTE: You may omit minor violations for which you paid a fine of \$50 or less.

EDUCATION					
All applicants for administrative/professional and facu Photocopies are accepted, however, an official transcr			to this application.		
High School Diploma or Equivalent: 🗌 Yes 🗌 No High Sc	hool:	City/State:			
Colleges/Universities - Name and location	Years attended	Major	Degree received		
to					
Other training or education – Name and location of sc	Years attended				

Major Courses of Study					
Undergraduate	Credit Hours	Graduate	Credit Hours		

Are you now a licensed or certified member of any pro-	ofession or trade? 🗌 Yes 🗌 No
Kind of license and state:	License/certification number and year:

Foreign Language	Read	Write	Speak	Indicate other skills (if applicable)
				Interpreter 🗌 Sign Language 🗌 Other:
				Interpreter 🗌 Sign Language 🗌 Other:

MILITARY EXPERIENCE					
Military Service? 🗌 Yes 🗌 No	Branch:	From:	То:		
Special military training received:					

EMPLOYMENT EXPERIENCE						
Start with your present or last po						
name, give each position and nan	ne used. Account for pe	eriods of unempl	oyment. Use sup	plementa	al sheet i	if needed.
Name of firm or organization:			Starting & Endi	ng date n	nth/yr:	# Years
				to		
May we contact?  Yes No	Job title:			# super	rvised:	□Full-time
						□Part-time
Street address:		City			State	Zip
Phone: Star	rting salary:	Nam	e and title of imm	iediate su	ipervisoi	r:
( ) - Fina	al salary:					
Description of duties: (do not write	te `see resume'):	l				
Reason for leaving:						

Name of firm or organization:				Starting & Ending date mth/yr:			# Years	
						to		
May we contact? 🗌 Yes 🗌 N	lo	Job title:				# super	vised:	Full-time
								Part-time
Street address:			City				State	Zip
Phone:	Starting	g salary:		Name	e and title of imm	ediate su	pervisor:	
( ) -	Final sa	alary:						
Description of duties: (do not	: write `s	see resume'):						
Reason for leaving:								

Name of firm or organization:				Starting & Ending date mth/yr: to			# Years
May we contact?  Yes No	Job title:				# super	vised:	Full-time
							Part-time
Street address:		City				State	Zip
Phone: Starti	ng salary:		Name	and title of imm	iediate su	pervisor	:
() - Final s	salary:						
Description of duties: (do not write	`see resume'):						
Reason for leaving:							

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					
SCH	scholastic societies to which you have been elected. Please identify titles that are not self-explanatory.				
4					
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?		I	How many hours?	
8.	List learned societies of which you are a	a member:			
•••					
-	<b>C</b>	<u> </u>			
9.	Describe travel experiences which you	reel have contrib	outed to your educat	ion background:	
10	Detail summer service projects (give da	ates and location	).		
10.					
			_		
	Are you listed with any teachers' agenc	ies? Yes ∐No			
11 50	o, please list by name:				
12.	List publications you have written using	ı correct bibliogr	aphical form and dat	tes where applicable:	
13.	What is your basic philosophy of education?				

#### INDICATE BELOW OTHER SKILLS YOU POSSESS

🗌 Typing	wpm
	computer
🗌 Data Ent	ry
🗌 10 key	Sight
	🗌 Touch

Other: (specify)

Software: (specify)

PERSONAL REFERENCES OTHER THAN EMPLOYERS OR RELATIVES				
Full Name	Business or home address	Telephone Occupation		
First:	Street:	( )		
Last:	City: State: Zip:	-		
First:	Street:	( )		
Last:	City: State: Zip:	-		
First:	Street:	( )		
Last:	City: State: Zip:	-		

#### AGREEMENT

(Please read the following statements carefully)

I certify that all the information contained in this application (and accompanying resume, if any) is true and correct, and further understand that any misstatement or omission of information is grounds for immediate dismissal.

I authorize all persons listed in this application, and on any accompanying resume, to give the University any and all information concerning my previous employment and education and any pertinent information they may have, personal or otherwise, and release all parties, such persons and the University from any damage that may result from furnishing same to the University.

I also agree to execute as a condition of employment or a condition of continued employment any additional written authorizations necessary for the University to obtain access to and copies of records pertaining to this information.

In accordance with the requirement of the Immigration Reform and Control Act of 1986, all successful applicants for employment with Huston-Tillotson University will be asked to present documentation demonstrating that they are legally eligible for employment. The necessary documents are specified by law, and are designed to show proof of identity and employment eligibility. I understand that if I do not present proper documentation I cannot be hired.

If employed by the University, I agree to conform to the policies and procedures of the University. I understand if the University on a non-contractual basis employs me I am an at-will employee and my employment can be terminated, with or without cause, with or without notice, at any time, at the discretion of either the University or myself. I further understand that no representative of the University, other than the president or his designee, has any authority to enter into any agreement, oral or written, for employment for any specified period of time or to make any assurance or promise of continued employment.

Signature of Applicant	Date
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## **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				
<ul> <li>A - National Publication</li> <li>B - Local Minority Newspaper</li> <li>C - Austin American-Statesman</li> <li>D - Community Outreach Agency</li> </ul>	<ul> <li>E - Texas Workforce Commission</li> <li>F - Website</li> <li>G - Walk-In</li> <li>H - Other:</li> </ul>			

AFFIRMATIVE ACTION SURVEY				
Submission of this information is optional.				
Check one: 1	1. 🗌 Male 2. 🗌 Female	e		
	1. 🗌 African-American 4. 🔲 Asian/Pacific Islander	2. 🗌 White 5. 🗌 American Indian/Alaskan	3. 🗌 Hispanic 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

### 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:\_\_\_\_\_