



AG-402 (12-15-17)

Texas A&M AgriLife

Administrative Services – Human Resources

APPLICATION FOR TEMPORARY/CASUAL POSITIONS

Job Title: TEMPORARY/CASUAL POSITION	
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Personal Information

Last Name:	First Name:	Middle Initial:	Email Address:		
Address:	Address 2:	City:	State:	Zip:	Country:
Home Phone:		Cell Phone:			

Military Service

Are you a Veteran?	Are you a surviving spouse of a veteran?
Are you an orphan of a veteran?	If yes, choose discharge status:

Former Foster Child

I am 25 years of age or younger and was under the permanent managing conservatorship of the Texas Department of Family and Protective Services on the day preceding my 18th birthday:

Criminal History

Have you ever been convicted of a violation of any local, state or federal law, other than minor traffic violations? (This includes a plea of guilty or no contest.)	If yes, please describe the offense, including date of conviction and whether it was a misdemeanor or felony:
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Additional Information

Are you presently legally authorized to work in the U.S.?	Will you now or in the future require "sponsorship for an immigration-related employment benefit?"
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Agreement

1. I certify that the statements made by me in this application are true, complete and correct. I understand that any false statement made herein will void this application and any actions based on it. I agree to keep this application current should any of the information change.
2. I authorize the Texas A&M University System or any of its members to make any reference checks necessary to complete the selection process for my potential employment. I also authorize all my prior employers to provide full details concerning my past employment and release them from all

liability that may result from providing such truthful information. If I become employed, I further grant authority to appropriate parties within the Texas A&M University System or its members to provide full details concerning my employment to prospective employers having a legitimate interest.

3. I understand this application and all attachments are the property of the appropriate System member and that my application will remain under consideration until the position I applied for has been closed. My employment is also at-will, which means that either my employer or I can end the employment relationship at any time. The filing of this application and the acceptance thereof does not obligate System members to respond in any way or take any action.

4. I understand that if I am eligible for overtime under provisions of the Fair Labor Standards Act, all hours I work in excess of 40 in a workweek will be recorded in a compensatory time bank, at time and a half, unless management elects to pay me at time and a half. Furthermore, I understand that I can take compensatory time off so long as my doing so would not unduly disrupt the activities of my department and my supervisor approves such absence. I also understand that I must use all my compensatory time before taking leave without pay (for most purposes) or using time from the sick leave pool. Unused overtime compensatory time (FLSA-time) will be paid upon termination of employment.

5. I understand that, if I am a male age 18 through 25, proof of registration with the Selective Service is required at the time of hire.

6. I understand that, as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.

7. All positions are security-sensitive; therefore, finalists will be required to complete a background check authorization form authorizing the System member to conduct a criminal history background check. This information will be used only for employment purposes or continued employment with System members.

8. I understand that any offer of employment is contingent upon verification of credentials and satisfactory completion of a criminal history background check.

9. I understand that I am required to report arrests made between application for employment and time of employment.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

Applicant's Name	Applicant's Signature	Date
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3. Position Title:

Employer:

Mailing Address:

City, State & Zip:

Employer's Telephone:

Immediate Supervisor Name:

Immediate Supervisor Title:

Supervisor's Telephone:

If Supervisory, number of employees you supervised:

Please select one: Full-Time Part-Time Summer Temp

Average number of hours worked per week if part-time:

Summary of experience:

Specific reason for leaving:

Please list three references and their contact information:

1. Name:

Phone:

Email:

2. Name:

Phone:

Email:

3. Name:

Phone:

Email: