Application for Student Worker Position Texas A&M AgriLife Research – Uvalde

EDUCATION AND TRAINING

Select highest grade completed: 🗌 9 🔲 10 🔲 11 🔲 12 🔲 GED						
Name of last high school attended:						
Please list the name of any colleges, universities or trade schools you have attended:						
Select degree(s) awarded: None	e Associates Bachelors	☐ Masters ☐ PhD				
	What school are you currently attending? What subject is your minor?					
Number of college hours complete	Number of college hours completed:					
List any special skills (clerical, computer, mechanical, languages, etc.):						
What hours are you currently availa	able to work on Monday – Friday	:				
8:00 a.m. – 5:00 p.m. 8:00 a.m 12:00 p.m 1:00 p.m. – 5:00 p.m						
REFERENCES						
Please provide 3 references that we	e may contact:					
Name:	Phone Number:	Email:				
Name:	Phone Number:	Email:				
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WORK EXPERIENCE

May we contact your present employer? \ Yes _	No	
1. Position Title:	Employer:	
Employer Address:	Employer Phone:	
Immediate Supervisor Name and Title:		Supervisor Phone:
Dates Worked: If you were a sup	pervisor, number of em	ployees you supervised:
Please select one: Full-Time Part-Time	Summer Temp	
Number of hours worked per week:		
Summary of duties:		
Reason for leaving:		
2. Position Title:	Employer:	
Employer Address:	Employer Phone:	
Immediate Supervisor Name and Title:		Supervisor Phone:
Dates Worked: If you were a sup	pervisor, number of em	ployees you supervised:
Please select one: Full-Time Part-Time]Summer Temp	
Number of hours worked per week:		
Summary of duties:		
Reason for leaving:		
3. Position Title:	Employer:	
Employer Address:	Employer Phone:	
Immediate Supervisor Name and Title:		Supervisor Phone:
Dates Worked: If you were a sup	pervisor, number of em	ployees you supervised:
Please select one: Full-Time Part-Time	Summer Temp	
Number of hours worked per week:		
Summary of duties:		
Reason for leaving:		





AG-402 (10-29-2024) Texas A&M AgriLife Administrative Services – Human Resources

Temporary/Casual Job Application

Personal Information Last Name: First Name: Middle Name: City: Address 1: Address 2: Country: State: Zip: Email: Home Phone: Mobile Phone: Military Service Are you a Veteran? Yes or No Are you a surviving spouse of a veteran? Yes or No Are you an orphan of a veteran? Yes or No If yes, enter discharge status: Note: If hired and claiming veteran status, you will be required to provide verification of such status. **Former Foster Child** Are you 25 years of age or younger and were under the permanent managing conservatorship of the Texas Department of Family and Protective Services on the day preceding your 18th birthday? Yes or No Note: If hired and claiming foster child status, you will be required to provide verification of such status.

Additional Information

If this position is located in the United States and you are selected, would you require sponsorship now for immigration-related employment authorization (e.g. H1-B, O-1, E-3, TN)? Yes or No

If this position is located in the United States and you are selected, would you require sponsorship in the future for immigration-related employment authorization (e.g. H1-B, O-1, E-3, TN)? Yes or No

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- 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 will 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, nepotism approval, if applicable, and export controls clearance, if applicable.

	9. I understand that I am required to report arrests made between application for employment and time of employment.					
E	BY SIGNING BELOW, I certify that I have read and agree with these statements.					
	Applicant's Name App	plicant's Signature	Date			