



Texas 4-H Conference Center Texas A&M AgriLife Extension Services

5600 FM 3021
Brownwood TX 76801
325.784.5482 Phone
325.784.6486 Fax
Email: jmcarroll@ag.tamu.edu

SUMMER STAFF APPLICATION

Please complete this form and save it to your computer. Return it via email, or print it and mail it as indicated.

PLEASE TYPE OR PRINT IN INK. ANSWER ALL QUESTIONS.
VIEW CURRENT JOB LISTINGS ON 4-H CENTER WEBSITE: <http://texas4h-ctr.tamu.edu>

GENERAL INFORMATION

Last Name	First	M.I.	Social Security Number:
Mailing Address	City	State	ZIP
			Home Phone:
Permanent Address	City	State	ZIP
			Business Phone:
E-mail address:	Date you can begin work:		If your age is below 18 years, state date of birth:
Have you ever worked within the TAMU System? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, have you ever worked for the State of Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date & dept.: _____ If yes, give date & agency: _____			

VETERAN, VETERAN'S ORPHAN OR SURVIVING SPOUSE

I have served in the military for not less than 90 consecutive days during a national emergency declared in accordance with federal law and was discharged with other than a dishonorable discharge or discharged for an established service-connected disability, or I have served in a campaign or an expedition for which a campaign badge, a service medal, or an expeditionary medal was awarded, and I am competent: ? ☐ Yes ☐ No (A list of campaigns & expeditions meeting this criteria is attached.)

I am an orphan or surviving spouse (who has not remarried) of a veteran killed on active duty who had served in the military for not less than 90 consecutive days during a national emergency in accordance with federal law, and I am competent. ? ☐ Yes ☐ No

EDUCATION AND TRAINING

Name of last high school attended: _____ City: _____ State: _____

Did you graduate? ☐ Yes ☐ No If not, indicate highest grade completed: _____ or GED ☐

Education beyond high school (please begin with current or most recent):

Institution	City	State	Degree	Major

SKILLS INVENTORY

(Fill in appropriate skills.)

Computer/office skills (i.e., types of software, office equipment, calculator, etc.): _____

Licenses, certifications: _____

Foreign languages: _____

Equipment skills (i.e., printing, electronic, general labor, etc.): _____

DRIVER'S LICENSE

☐ Class A ☐ Class B ☐ Class C ☐ Class M State issued: _____ License #: _____

(With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.)

EMPLOYMENT RECORD

Name: _____

Do you prefer to be notified before we contact your current employer? ☐ Yes ☐ No

SSN: _____

If you were ever employed in a position under a different name, give the name used:_____.

Start with your present or last position and work back, including military experience.

Title of present or last position:				Last salary:
Starting Date		Ending Date		Employer:
Mo.	Yr.	Mo.	Yr.	Telephone:
<input type="checkbox"/> Full-time <input type="checkbox"/> Temporary If part-time, average # hrs. <input type="checkbox"/> Part-time <input type="checkbox"/> Summer worked per week: _____ <input type="checkbox"/> Student				Address: _____ (street or P.O. box no.) (city) (state) (ZIP) Supervisor name & title: _____ Supervisor's telephone: _____ Were you a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number employees supervised: _____
Principle job duties:				
Reason for leaving:				

Title of previous position:				Last salary:			
Starting Date		Ending Date		Employer:		Telephone:	
Mo.	Yr.	Mo.	Yr.	Address: _____ (street or P.O. box no.) (city) (state) (ZIP)			
<input type="checkbox"/> Full-time <input type="checkbox"/> Temporary If part-time, average # hrs. <input type="checkbox"/> Part-time <input type="checkbox"/> Summer worked per week: _____ <input type="checkbox"/> Student				Supervisor name & title: _____			
				Supervisor's telephone: _____			
				Were you a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number employees supervised: _____			
Principle job duties:							
Reason for leaving:							

Title of previous position:				Last salary:	
Starting Date		Ending Date		Employer:	Telephone:
Mo.	Yr.	Mo.	Yr.	Address: _____ <small>(street or P.O. box no.) (city) (state) (ZIP)</small> Supervisor name & title: _____ Supervisor's telephone: _____ Were you a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number employees supervised: _____	
<input type="checkbox"/> Full-time <input type="checkbox"/> Temporary If part-time, average # hrs. <input type="checkbox"/> Part-time <input type="checkbox"/> Summer worked per week: _____ <input type="checkbox"/> Student					
Principle job duties: 					
Reason for leaving:					

Name: _____

SSN: _____ - _____ - _____

OTHER EXPERIENCE

Employer	Position Title	Starting Date	Leaving Date

CONVICTION RECORD

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.) ☐ No ☐ Yes **If yes, list ALL convictions below, from the oldest to the most recent.**

Date of Conviction		Mark appropriate box:	Offense (do not use abbreviations)
Mo.	Yr.	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
Mo.	Yr.	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	
Mo.	Yr.	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	

NEPOTISM

For the purpose of being in compliance with Texas A&M University System policy on nepotism, answer the following.

Are you related to any current Texas A&M University System employee, official, or regent? ☐ Yes ☐ No

If yes, where does the relative work? _____

SIGNATURE

I certify 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 statement made herein will void this application and any actions based upon it. I agree to revise this application should any of the information change. I authorize Texas A&M University System or any of its components to make reference checks relating to my employment and I also authorize all prior employers to provide full details concerning my past employment. I understand that this application and all attachments are the property of TAMU System. I understand that in the event I am employed, the first six months of my employment are probationary. I also 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 work week 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, 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. Unused overtime compensatory time will be paid upon termination of employment. I understand that if I am male, I am required to sign a Certification of Registration of Status for the Selective Service as a requirement for employment. I further understand that if I am a male age 18 through 25, I must show proof of registration with Selective Service at the time of hire. I understand that any offer of employment is contingent upon my completing the Immigration and Naturalization Service Employment Eligibility Verification (Form I-9) and providing documents to verify my identity and employment eligibility as required by law.

Date of Application: _____ Signature: _____

PLEASE SUBMIT IN PERSON OR BY MAIL TO:

Texas 4-H Conference Center
5600 FM 3021
Brownwood TX 76801
Phone: 325-784-5482

If you need assistance in completing this application, please contact the 4-H Conference Center administrative office at 325/784-548
The submission and/or acceptance of this application in no way obligates Texas A&MAgriLife Extension Service or the
Texas A&M University System.

REQUIREMENTS OF SOCIAL SECURITY ACCOUNT NUMBER - In Employment Records within The Texas A&M University.

System Section 7(7) of the Privacy Act of 1974 (5 U.S.C.552a) requires that when any Federal, State or local government agency requests an individual to disclose his/her social security number, that individual must also be advised whether that disclosure is mandatory or voluntary, by what statutory or other authority the number is solicited, and what uses will be made of it.

Accordingly, employees or applicants for employment are advised that disclosure of an employee's social security number (SSN) is required as a condition for employment within The Texas A&M University System and its Members, in view of the practical administrative difficulties which would be encountered in maintaining adequate employee records without the continued use of the SSN.

The SSN is used to verify the identity of the employee, and as an employee account number (identifier) throughout the period of employment in order to record necessary data accurately. As an identifier, the SSN is used in such employee activities as: determining, recording and payment of employee and employing agency; determining and recording employee annual and sick leave accumulation and use; recording entitlement and payment for official travel and per diem; determining and recording entitlement and payment for workers' compensation; reporting earnings to the Texas Workforce Commission which serves as the basis for determining any future unemployment compensation insurance benefits; recording personal data in system group insurance files; determining and recording service for retirement and other benefits based on length and dates of employment and other service; and such other related requirements which may arise.

Authority for requiring the disclosure of an employee's SSN is grounded on section 7(a)(2) of the Privacy Act, which provides that an agency may continue to require disclosure of an individual's SSN as a condition for the granting of a right, benefit or privilege provided by law where the agency required this disclosure under statute or regulation prior to January 1, 1975, in order to verify the identity of an individual.

The Texas A&M University System and its Members have, for several years consistently required the disclosure of the SSN on employment application forms and other necessary employee forms and documents used pursuant to statute passed by the State of Texas and United States and regulations adopted by agencies of the State of Texas and the United States, and by the Board of Regents of The Texas A&M University System.

STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male age 18 through 25, federal law requires that you must be registered with the U.S. Selective Service System, unless you meet certain exemptions under Selective Service law. Under HB 558, enacted by the 76th Texas State Legislature, if you are currently of the age and gender requiring registration with Selective Service, but knowingly and willfully fail to do so, you are ineligible for employment with an agency in any branch of Texas State government. Any offer of employment is contingent on your compliance with Selective Service law.

STARTING SALARIES Starting salaries for positions may be negotiable based on qualifications and experience.

EMPLOYMENT ELIGIBILITY

- If you are a citizen or national of the U.S. or a lawful Permanent Resident, you ARE ELIGIBLE for employment.
- If you are an alien (not a citizen or national of the U.S. or lawful Permanent Resident), your ELIGIBILITY FOR EMPLOYMENT IS DEPENDENT UPON YOUR STATUS.
- If you need assistance in determining your employment eligibility, please contact Immigration Services, Texas A&M University.

VERIFICATION OF IDENTITY AND WORK AUTHORIZATION

Any offer of employment is contingent upon your completing the Immigration and Naturalization Service Employment Eligibility Verification (Form I-9) and providing documents to verify your identity and employment eligibility as required by law. When completing the Form I-9, you will be required to attest that you are a citizen or national of the U.S., a lawful Permanent Resident or an alien authorized to work. Below is the list of documents currently acceptable for verification purposes. All new employees will be required to produce documentation.

LIST OF ACCEPTABLE DOCUMENTS

Any one item from List A is acceptable. If not available, one item from List B plus one item from List C must be produced.

LIST A

U.S. Passport (unexpired or expired)
 Certificate of U.S. Citizenship (INS Form N-560 or N-561)
 Certificate of Naturalization (INS Form N-550 or N-570)
 Unexpired foreign passport with I-551 stamp or attached INS form I-94 indicating unexpired employment authorization
 Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
 Unexpired Temporary Resident card (INS Form I-688)
 Unexpired Employment Authorization Card (INS Form I-688A)
 Unexpired Reentry Permit (INS Form I-327)
 Unexpired Refugee Travel document (INSA Form I-571)
 Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-688B)

LIST B

Driver's license or ID card issued by a state or outlying possession of the U.S. provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address.
 ID card issued by federal, state, or local government agencies or entities provided it contains a photograph or information such as name, date of birth, sex, height, eye color, & address.
 School ID card with a photograph
 Voter's registration card
 U.S. Military card or draft record.
 Military dependent's ID card.
 U.S. Coast Guard Merchant Mariner card
 Native American tribal document
 Driver's license issued by a Canadian government authority
 School record or report card
 Clinic, doctor, or hospital record
 Day-care or nursery school record

LIST C

U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
 Certification of Birth Abroad issued by the Dept. of State (Form FS-545 or Form DS-1350)
 Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the U.S. bearing an official seal
 Native American tribal document
 U.S. Citizen ID card (INS Form I-197)
 ID card for use of Resident Citizen in the U.S. (INS Form I-179)
 Unexpired employment authorization document by the INS (other than those listed under List A)

BACKGROUND CHECK DISCLOSURE NOTICE – AUTHORIZATION FORM

THE FOLLOWING SECTION IS TO BE COMPLETED BY THE HIRING UNIT/DEPARTMENT

Return results to: _____ ADLOC: 02 06 07 11 20

Email address: _____ Prospective supervisor: _____

Hiring Unit/Dept/District _____

Vacant Position Title: _____ NOV # _____

Degree to be verified: Associate Bachelor Masters Doctorate No degree required, or equivalent experience met

Choose one: Transcript attached Verification of Degree/Release Form attached Foreign degree verified by Unit

HIRING UNIT FORWARDS COMPLETED DISCLOSURE NOTICE TO HUMAN RESOURCES AT:

Email: HRBackground@ag.tamu.edu

Fax: 979-458-1046

THE FOLLOWING SECTION IS TO BE COMPLETED BY APPLICANT/EMPLOYEE - RETURN TO HIRING UNIT/DEPARTMENT

Name: _____ UIN _____
(Last Name) (First Name) (Middle Name)

Other name(s) used in any and all other records of birth or records of residences: _____ ** Race: _____

**If you have lived in Puerto Rico, please provide your mother's maiden name _____

**Street Address: _____ Apt. # _____

City _____ State _____ Zip _____

**Date of Birth: _____ **Social Security Number: _____ Male Female
(Mo—Day—Year)

** To be used solely for the purpose of conducting a background check

LIST ALL COUNTIES AND STATES OF RESIDENCE SINCE HIGH SCHOOL GRADUATION OR AGE 18.

(Attach extra page if needed.)

City: _____ County: _____ State: _____

City: _____ County: _____ State: _____

City: _____ County: _____ State: _____

City: _____ County: _____ State: _____

City: _____ County: _____ State: _____

City: _____ County: _____ State: _____

Name: _____
(Last) (First) (Middle)

The following are my responses to questions about my criminal history, if any. (Exclude minor traffic offenses punishable only by fine. IF YOU ANSWER YES TO ANY OF THE FOLLOWING QUESTIONS, ATTACH DETAILS ON A SEPARATE SHEET OF PAPER TO INCLUDE THE STATE, COUNTY, DATE OF OFFENSE, AND DETAILS OF THE CONVICTION.)

1. Have you ever been convicted or plead guilty before a court for any federal, state or municipal criminal offense? _____ Yes _____ No
(If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
2. Have you ever received deferred adjudication or similar disposition for any federal, state or municipal offense? _____ Yes _____ No
(If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
3. Have you ever received pretrial diversion or similar disposition for any federal, state or municipal offense? _____ Yes _____ No
(If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
4. Have you ever received probation or community supervision for any federal, state or municipal offense? _____ Yes _____ No
(If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
5. Have you been convicted of any criminal offense in a country outside the jurisdiction of the United States? _____ Yes _____ No
(If yes, attach an extra page with the details including state, county, date of offense and details of the conviction.)
6. As of the date of this consent form, do you have any pending charges against you? _____ Yes _____ No
(If yes, attach an extra page with the details including state, county, date of arrest and details of the arrest.)

In connection with my application for employment, my continued employment, or in connection with my desire to engage in volunteer activities, I have been advised and I hereby consent and authorize either Agency and its agent, at any time during my application process and/or employment, to obtain an investigative consumer report that may include, but not be limited to, a criminal record check, employment and education verifications, verifications of personal references and reputation; and driving record. I do hereby consent and authorize either Agency and its agent to use any information provided on this form or during the application process in obtaining the investigative consumer report. I have been informed that I have the right to review and challenge any negative information that would adversely impact me or adversely affect a decision to offer employment. I agree to release, indemnify and hold harmless either Agency and any consumer reporting agency used by either Agency with regard to any information reported by the consumer reporting agency. I understand that I am to be provided the name, address and telephone number of the consumer reporting agency and the nature and scope of the investigative report will be disclosed to me. I acknowledge that facsimile, copy or email of this document shall have the same validity, force and effect as the original.

~~~~~  
(1) I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS BACKGROUND CHECK DISCLOSURE NOTICE AND AUTHORIZATION FORM IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT INCORRECT OR INCOMPLETE INFORMATION MAY BE GROUNDS FOR TERMINATION OF CURRENT EMPLOYMENT OR CANCELLATION OF ANY AND ALL OFFERS OF EMPLOYMENT AT THE DISCRETION OF THE APPLICABLE AGENCY.

(2) I UNDERSTAND APPLICANTS ARE REQUIRED TO REPORT ARRESTS MADE BETWEEN THE APPLICATION FOR EMPLOYMENT AND DECISION TO HIRE THE APPLICANT FOR EMPLOYMENT.

(3) I HAVE ATTACHED PAGES WITH DETAILS OF ARRESTS AND CONVICTIONS FOR ANY AND ALL "YES" RESPONSES TO QUESTIONS 1-6 ABOVE.

SIGNATURE OF APPLICANT OR EMPLOYEE \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT CONTACT INFORMATION: \_\_\_\_\_  
(Email address) (Phone number)

HR Office Use Only:

| CH R | # CO | PEND SS# | SS# R | LOG | CH RR | EMAIL |
|------|------|----------|-------|-----|-------|-------|
|      |      |          |       |     |       |       |

## VERIFICATION OF DEGREE RELEASE FORM

THE FOLLOWING SECTION IS TO BE COMPLETED BY APPLICANT/EMPLOYEE - RETURN TO HIRING UNIT/DEPARTMENT

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Other name(s) used in any/all other records: \_\_\_\_\_

\*\*Date of Birth: \_\_\_\_\_

\*\* To be used solely for the purpose of conducting a verification of degree

### EDUCATION INFORMATION

Name of institution granting highest degree: \_\_\_\_\_

Highest earned educational degree: Associate Bachelor Masters Doctorate

Field in which degree awarded: \_\_\_\_\_

Date degree conferred: \_\_\_\_\_

Address of institution: \_\_\_\_\_  
(City) (State) (Zip)

- 1) I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THIS VERIFICATION DEGREE RELEASE FORM IS TRUE, CORRECT AND COMPLETE. I UNDERSTAND THAT INCORRECT OR INCOMPLETE INFORMATION MAY BE GROUNDS FOR TERMINATION OF CURRENT EMPLOYMENT OR CANCELLATION OF ANY AND ALL OFFERS OF EMPLOYMENT AT THE DISCRETION OF THE APPLICABLE AGENCY.
- 2) I GIVE CONSENT TO ALLOW A REPRESENTATIVE OF TEXAS A&M AGRILIFE HUMAN RESOURCES TO VERIFY MY DEGREE FROM A CONSUMER REPORTING AGENCY OR FROM THE INSTITUTION INDICATED ABOVE.

SIGNATURE OF APPLICANT/EMPLOYEE: \_\_\_\_\_ DATE: \_\_\_\_\_

For questions concerning this form, please call AgriLife Human Resources at 979-845-2423

HIRING UNIT FORWARDS COMPLETED DISCLOSURE NOTICE TO HUMAN RESOURCES AT:

Email: [HRBackground@ag.tamu.edu](mailto:HRBackground@ag.tamu.edu)

Fax: 979-458-1046

HR Office Use Only:

| DATE R | NSC | HOW | 1ST | INSTIT | LOG | FAXED | ED VER | EMAIL |
|--------|-----|-----|-----|--------|-----|-------|--------|-------|
|        |     |     |     |        |     |       |        |       |

## VOLUNTARY SELF IDENTIFICATION, EQUAL EMPLOYMENT OPPORTUNITY (EEO) FORM

The information requested is being collected for the purpose of reporting to federal, state and equal employment opportunity agencies and will not be considered as part of the application for employment. It will be separated from the application. Your response is voluntary.

|                               |                                 |                                     |                        |
|-------------------------------|---------------------------------|-------------------------------------|------------------------|
| SS Number                     | Last Name (type or print)       | First                               | MI                     |
| Address                       |                                 | City                                | State                  |
|                               |                                 | Zip Code                            | Phone Number<br>(    ) |
| Male <input type="checkbox"/> | Female <input type="checkbox"/> | Position for which you are applying |                        |

Select All the following categories with which you identify:

|                          |                                                                                                                                                                                                                                                                  |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <b>WHITE.</b> (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.                                                                                                                     |
| <input type="checkbox"/> | <b>BLACK.</b> (Not of Hispanic origin) All persons having origins in any of the black racial groups of Africa.                                                                                                                                                   |
| <input type="checkbox"/> | <b>HISPANIC.</b> All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture/origin, regardless of race.                                                                                                                     |
| <input type="checkbox"/> | <b>ASIAN OR PACIFIC ISLANDER.</b> All persons having origins in any of the original peoples of the Far East, Indian Subcontinent, Southeast Asia or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands and Samoa. |
| <input type="checkbox"/> | <b>AMERICAN INDIAN OR ALASKAN NATIVE.</b> All persons having origins in any of the original peoples of North America.                                                                                                                                            |

|                          |                                                                                                                                                                                                                                                                            |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <b>INDIVIDUAL WITH A DISABILITY.</b> I have chosen to be identified as an individual with a disability because I have a record of, or I am regarded as having a physical or mental impairment which substantially limits one or more of the major <u>life activities</u> . |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                          |                                                                                                                                                                                                                                                                                                                                                                                                                         |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <b>VETERAN.</b> I served in the United States Army, Navy, Marine Corps, Air Force, or Coast Guard, in a reserve unit of one of these military components, or in the National or Air National Guard of the United States, and was discharged or released under conditions other than dishonorable.                                                                                                                       |
| <input type="checkbox"/> | <b>SPECIAL DESIGNATIONS:</b><br><b>* VETERAN OF THE VIETNAM ERA.</b> I have served more than 180 days on active duty with one of the United States Armed Forces (1) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; (2) or between August 5, 1964, and May 7, 1975; or meet either of the preceding criteria and was discharged or released from active duty for a service-connected disability. |
| <input type="checkbox"/> | <b>* DISABLED VETERAN.</b> I have a disability that entitles me to Veterans' Administration disability compensation rated at 30 percent or more; or was discharged or released from active military duty because of a disability <b>incurred or</b> aggravated in the line of duty.                                                                                                                                     |
| <input type="checkbox"/> | <b>NONE OF THE ABOVE.</b> I read the above definitions and none of them apply to me.                                                                                                                                                                                                                                                                                                                                    |

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Indicate Position Desired (check all you would like to be considered for):

|         |           |                   |
|---------|-----------|-------------------|
| Program | Counselor | Lifeguard/Program |
|---------|-----------|-------------------|

If applying for lifeguard position, check most advanced water safety course certificate you hold:

|           |                      |                         |
|-----------|----------------------|-------------------------|
| Lifeguard | Lifeguard Instructor | Water Safety Instructor |
|-----------|----------------------|-------------------------|

|                                                                                                                                       |     |    |
|---------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Are you able to perform the duties of the position(s) as described in the attached job description(s) with or without accommodations? | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------|-----|----|

Other Experience:

|                        |                       |
|------------------------|-----------------------|
| Were you a 4-H Member? | In which county?      |
| For how long?          | Name of County Agent? |

Were you a member of other youth organizations in school or your community?

If Yes, list those organizations here.

College Enrollment:

School Attending This Fall

Number of Hours Taking this Fall

Classification This Fall

Major

College Involvement:

Are you active in Collegiate 4-H or as a 4-H Volunteer?

If Yes, how?

List any club, organization, or other areas of college life that you are involved.

Special Talents:

|                                                       |     |    |                                                               |     |    |
|-------------------------------------------------------|-----|----|---------------------------------------------------------------|-----|----|
| Can you or do you have experience in leading Archery? | Yes | No | Can you Swim?                                                 | Yes | No |
| Can you or do you have experience in leading Riflery? | Yes | No | Can you or do you have experience in leading Canoeing?        | Yes | No |
| Can you or do you have experience in leading Singing? | Yes | No | Can you or do you have experience in leading Sailing?         | Yes | No |
| Can you or do you have experience in leading Games?   | Yes | No | Are you a Certified Challenge Course Facilitator?             | Yes | No |
| Can you or do you have experience in leading Dance?   | Yes | No | Do you have experience working with large groups of children? | Yes | No |

List your hobbies and special interests:

Personal References

RELATIVES MAY NOT BE USED AS PERSONAL REFERENCES

List three people who will be completing a reference for you. These persons should have knowledge of your character, experience, work habits, & abilities. We reserve the right to contact references for further information.

| Name | Address<br>City, State, Zip | E mail | Phone |
|------|-----------------------------|--------|-------|
|      |                             |        |       |
|      |                             |        |       |
|      |                             |        |       |

Basic Qualifications & Job Functions

Applicants must be 18 years or older before June 1 of the application year. Applicants must be able to pass a criminal background check. CPR/First Aid Certification and a valid driver's license are required for some employees.

JOB FUNCTIONS:

1. Able to interact with and supervise children in a rustic environment during a 24 hour, 7 day a week period.
2. Able to provide a wholesome environment in which campers experience success.
3. Able to maintain a positive example in personal life and daily living situations which demonstrates a loving and positive attitude towards campers and others.
4. Able to carry out duties in the West Central climate (generally hot and dry).
5. Possess the stamina to implement the camp program and daily activities over an extended period of time.
6. Able to traverse approximately five miles per day over rough, natural terrain while supervising campers.

Can you perform the essential functions of the job for which you have applied, with or without reasonable accommodation?

Yes

No

- T-shirt Size (select one)
- Small

Medium

Large

Extra Large

2X

3X



AG-402 (10-31-12)

Texas A&M AgriLife  
Administrative Services – Human Resources

## APPLICATION FOR WAGE / TEMPORARY POSITIONS

Job Title:

**WAGE / TEMPORARY POSITION**

### Personal Information

|            |             |                 |                |      |          |
|------------|-------------|-----------------|----------------|------|----------|
| Last Name: | First Name: | Middle Initial: | Email Address: |      |          |
| Address:   | Address 2:  | City:           | State:         | Zip: | Country: |

### 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: |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

### 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?" |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------|

### 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