



FACULTY EMPLOYMENT APPLICATION

Name: Last: _____ First: _____ MI: _____
 Present Position and Organization: _____
 Home Address: _____
 Business Address: _____
 Social Security Number: _____
 Home Telephone: _____ Business Telephone: _____
 E-mail address: _____

EDUCATIONAL BACKGROUND (List highest degrees first)

| Degree | Year | University | Concentration |
|--------|------|------------|---------------|
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COLLEGIATE TEACHING EXPERIENCE (List most recent first)

| Institution | Rank | Dates | Full Time* | Part Time* |
|-------------|------|-------|--------------------------|--------------------------|
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

*Check one

OTHER PROFESSIONAL EXPERIENCE

| Organization | Position | Dates |
|--------------|----------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Credits or Programs beyond Last Degree:

Areas of Specialization:

Research Interests:

Teaching Preferences:

Are you related to any Texas A&M University – Commerce faculty, staff, or employee? **YES** **NO**

If YES, list name and relationship:

Have you ever been convicted of any criminal offense, other than minor traffic violations, that has not been annulled, expunged, sealed, or subject to a court order of nondisclosure? **YES** **NO**. If **YES**, please explain below. *A criminal conviction will be considered only in relation to the job which you are applying. Seriousness and nature of the offense, time elapsed, and rehabilitation will be taken into account.*

Date of conviction:

Nature of offense:

By checking here, I certify that all information on this form is accurate.

Name:

Date:

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Voluntary Information Sheet

This 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.

| | | | | |
|---|--------------------------------------|---|--|--|
| 1. Social Security No. | 2. Name | Last | First | MI |
| 3. Address | City | State | Zip | Phone |
| 5. Sex <input type="checkbox"/> M-Male <input type="checkbox"/> F-Female | 6. Birthdate | 7. Ethnic Origin (Check preferred) <input type="checkbox"/> W-White <input type="checkbox"/> B-Black <input type="checkbox"/> H-Hispanic <input type="checkbox"/> P-Islander <input type="checkbox"/> Asian/Pa. <input type="checkbox"/> Am. Ind/ I-Alaskan <input type="checkbox"/> O-Other | | |
| 8. *Veteran Status (Check all that apply) <input type="checkbox"/> Vietnam Veteran <input type="checkbox"/> Disabled <input type="checkbox"/> No/Decline to Provide Information | | 9. *Disability <input type="checkbox"/> No/Decline to provide information <input type="checkbox"/> Yes (If yes, give nature of impairment) | | |
| 10. How did you find out about this? | | | | |
| <input type="checkbox"/> 01-Other State Employee | <input type="checkbox"/> 02-Job Fair | <input type="checkbox"/> 03-Professional Publication | <input type="checkbox"/> 04-Recruitment Poster | <input type="checkbox"/> 05-Newspaper: <input type="checkbox"/> 06-Job Line <input type="checkbox"/> 07-College/University Career Day <input type="checkbox"/> 08-Governor's Job Bank |
| | | | | <input type="checkbox"/> 09-Human Resources Services <input type="checkbox"/> 10-Texas Employment Commission <input type="checkbox"/> 11-Other |

Type Name Here:

Date:

• **Disabled Veteran:** The individual has a disability which entitled him/her to Veterans Administration disability compensation rated at 30 percent or more; or he/she was discharged or released from active military duty because of a disability incurred or aggravated in line of duty.

• **Veteran of the Vietnam Era:** The individual served more than 180 days on active duty with one of the United State Armed Forces: (1) in the Republic of Vietnam between 2/28/61 and 5/7/75; (2) in all other cases, between 8/5/64 and 5/7/75; or (3) he/she has met either of the proceeding criteria and was discharged or released from active duty for a service-connected disability.

• **Individual with a Disability:** The individual chooses to be identified as an individual with a disability because he/she has a record of, or is regarded as having a physical or mental impairment with substantially limits one or more of his/her major life activities.

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