



**Special Skills:** List all special skills you possess and machines or office equipment you can use, i.e. adding machines, word processing software, data processing equipment etc.: \_\_\_\_\_

**MILITARY SERVICE:**

(Active Duty Branch): \_\_\_\_\_ Dates from \_\_\_\_\_ to \_\_\_\_\_

Are you an Active Reserve? Yes  No  (Note: A certified Photostatic copy of a report of separation from the Armed Forces may be required)

Are you a Veteran: Yes  No  If yes, list discharge status: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Are you a surviving spouse of a veteran? Yes  No  Are you a surviving orphan of a veteran? Yes  No

Please list dates of service for the veteran for which you are a surviving spouse or orphan: \_\_\_\_\_

**EMPLOYMENT RECORD:** List below all present and pass employment starting with your most recent employer. Account for all periods of unemployment. **YOU MUST COMPLETE THIS SECTION EVEN IF ATTACHING A RESUME**

<b>Employer:</b>	<b>Type of Business:</b>	<b>Full Time</b>	
<b>Mailing Address:</b>		<b>Part Time</b>	
<b>City/State/Zip:</b>	<b>Phone Number:</b>	<b>Temporary</b>	

Starting Date		Leaving Date		Starting Base Salary	Ending Base Salary
Mo:	Yr.	Mo.	Yr.	\$	\$

Starting Position Title: \_\_\_\_\_ Present or Last Title: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Describe your duties and responsibilities: \_\_\_\_\_

Explain your reason for leaving: \_\_\_\_\_

<b>Employer:</b>	<b>Type of Business:</b>	<b>Full Time</b>	
<b>Mailing Address:</b>		<b>Part Time</b>	
<b>City/State/Zip:</b>	<b>Phone Number:</b>	<b>Temporary</b>	

Starting Date		Leaving Date		Starting Base Salary	Ending Base Salary
Mo:	Yr.	Mo.	Yr.	\$	\$

Starting Position Title: \_\_\_\_\_ Present or Last Title: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Describe your duties and responsibilities: \_\_\_\_\_

Explain your reason for leaving: \_\_\_\_\_

<b>Employer:</b>	<b>Type of Business:</b>	<b>Full Time</b>	
<b>Mailing Address:</b>		<b>Part Time</b>	
<b>City/State/Zip:</b>	<b>Phone Number:</b>	<b>Temporary</b>	

Starting Date		Leaving Date		Starting Base Salary	Ending Base Salary
Mo:	Yr.	Mo.	Yr.	\$	\$

Starting Position Title: \_\_\_\_\_ Present or Last Title: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Describe your duties and responsibilities: \_\_\_\_\_

Explain your reason for leaving: \_\_\_\_\_

<b>Employer:</b>	<b>Type of Business:</b>	<b>Full Time</b>	
<b>Mailing Address:</b>		<b>Part Time</b>	
<b>City/State/Zip:</b>	<b>Phone Number:</b>	<b>Temporary</b>	

Starting Date		Leaving Date		Starting Base Salary	Ending Base Salary
Mo:	Yr.	Mo.	Yr.	\$	\$

Starting Position Title: \_\_\_\_\_ Present or Last Title: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Describe your duties and responsibilities: \_\_\_\_\_

Explain your reason for leaving: \_\_\_\_\_

<b>Employer:</b>	<b>Type of Business:</b>	<b>Full Time</b>	
<b>Mailing Address:</b>		<b>Part Time</b>	
<b>City/State/Zip:</b>	<b>Phone Number:</b>	<b>Temporary</b>	

Starting Date		Leaving Date		Starting Base Salary	Ending Base Salary
Mo:	Yr.	Mo.	Yr.	\$	\$

Starting Position Title: \_\_\_\_\_ Present or Last Title: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_ Describe your duties and responsibilities: \_\_\_\_\_

Explain your reason for leaving: \_\_\_\_\_

**STET MAY CONTACT:** Present Employer: Yes  No  Former Employer: Yes  No

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED:**

- I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete. I have not knowingly withheld any information requested on this form which may have bearing on an employment decision. I understand and agree that any misstatement, falsification, or omission of information shall be grounds for refusal to hire or, if hired, termination, regardless of the time elapsed before discovery.
- I certify that the foregoing statements are all given of my own free will.
- I understand that if employed, I will by my acceptance of employment, agree to abide by the rules and regulations of the College and Board of Trustees of South Texas Technologies, Inc.
- I understand and agree that my employment with the School is at-will unless I have a written agreement stating otherwise, that is signed by both the authorized official of the School and myself.
- I understand that I will be required within three days of employment to provide documents establishing my identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.
- I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education or any other information they may have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date