Work-Study Application 2019-2020

STC ID: _____ Student Name (print): _____

INSTRUCTIONS

- Complete the application and return it to the Student Financial Services department at any of our campuses; resume is optional.
- Incomplete applications will not be made available for review. Only one application per student will be processed, by award year. If information needs to be updated, please visit Student Financial Services Office at Pecan campus to make the changes on the original application.
- This Work Study Application will be valid from September 2019 through June 2020; if not hired, a new Work Study Application must be submitted for the new award year.
- Submitting a Work Study Application does not guarantee a work study job, nor an interview.
- Work Study Applications may be made available for review, to off-campus sites such as school districts, community service organizations and/or city public libraries.

STUDENT INFORMATION

Complete Address: _____

Telephone: (Home) (_____) _____ (Mobile) (_____) _____ Major: _____

Email address: _____ Expected graduation date: _____

Please list any computer skills (i.e. MS Office Word, Excel, PowerPoint, etc.), work related skills, experience, knowledge, abilities, awards, recognitions, honors, extracurricular or volunteer activities.

_____

_____

Have you previously been employed at STC? Yes ☐ No ☐ If yes, name of department/supervisor: _____

Please checkmark the campus you most prefer to work at: PECAN ☐ TECHNOLOGY ☐ NAH ☐ WESLACO ☐ STARR ☐

Required: Please provide the names and telephone numbers of four **NON-RELATIVE REFERENCES** (i.e. professors, former employers, etc.):

	Name	Professional Title	Phone Number/Alternative Number
1.			
2.			
3.			
4.			

Have you ever been arrested, except for misdemeanor traffic violations, of a felony or misdemeanor? Yes _____ No _____. If yes, explain the nature of each arrest, the date of arrest, the jurisdiction where the arrest occurred, how you pled to the offense charged, and the disposition of the case.

_____

_____

Do you have any relatives either employed by **South Texas College** or serving on the **Board of Trustees of South Texas College**? Yes ☐ No ☐
If Yes, please provide name(s), relationship and department: _____

If hired, can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country? Yes ☐ No ☐

Required Statement of Selective Service Status

Are you currently registered for Selective Service, as required by federal law?

_____ Registered (Proof of registration required) _____ Not Registered _____ Exempt (Documentation required)

I, _____, hereby certify that the selective service status provided is true and correct. I understand that I must provide documentation if requested by my institution that I may be required to complete a new statement for each academic year for continued eligibility.

_____ _____
Student Signature Date

STC ID: _____ Student Name (print): _____

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

Employer: _____ Mailing Address: _____ City/State/Zip: _____	Type of Business: _____ _____ Phone Number: _____	Full Time: _____ Part Time: _____ Temporary: _____
Starting Date: _____ Leaving Date: _____ Starting Salary: _____ Leaving Salary: _____	Position Title: _____ Immediate Supervisor: _____ _____	Explain your reason for leaving: _____ _____
Describe your duties and responsibilities: _____ _____		

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Starting Date: _____ Leaving Date: _____ Starting Salary: _____ Leaving Salary: _____	Position Title: _____ Immediate Supervisor: _____ _____	Explain your reason for leaving: _____ _____
Describe your duties and responsibilities: _____ _____		

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 <u>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</u>.

1. I certify that the foregoing statements are all given of my own free will.
2. 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 College.
3. I understand and agree that my employment with the College is at-will unless I have a written agreement stating otherwise, that is signed by both the authorized official of the College and myself.
4. 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.
5. 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

Office of Human Resources
2501 W. Pecan Blvd.
McAllen, Texas 78501
Office (956) 872-4448 & Fax (956) 872-4445

BACKGROUND CHECK AUTHORIZATION AND RELEASE FORM

I hereby authorize any investigator or duly accredited representative of South Texas College bearing this release to obtain any information from schools, residential management agents, employers, criminal justice agencies including but not limited to the Texas Department of Public Safety and Federal Bureau of Investigation, or individuals, relating to my activities. This information may include, but is not limited to, academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest, and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by South Texas College and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

The information requested below is necessary to obtain criminal history record information as required by state law (The Texas Education Code Section §51.215). I understand that the age, sex, and ethnic information is required by the Texas Department of Public Safety, and will be used solely for the purpose of obtaining history record information.

I also understand that if employed, my employment with South Texas College will be subject to the outcome of the criminal history investigation. If the results reveal any criminal offenses including but not limited to theft, that I failed to disclose on my job application, South Texas College has the right to terminate my employment.

_____ _____
Signature Date

Please print or type the following information. Do not leave any blank spaces.

Legal Name: _____
Last First Middle

Social Security Number: _____

Address: _____ Phone _____

City _____ State _____ Zip Code _____

Driver License # _____ State _____ Date of Birth _____/_____/_____

Please list addresses for past 10 years:

Address _____

Address _____

Address _____

Address _____

No person shall be excluded from participation in, denied the benefits of, or be subject to discrimination under any program or activity sponsored by South Texas College on the basis of race, color, national origin, religion, sex, veteran status, or disability. 10/15/08 jjh 11/10/10 cyg 09/16/11 cyg 04/23/2012 cyg

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)
History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at www.txdps.state.tx.us */Crime Records/Review of Personal Criminal History* or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of $25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

_____
Signature of Applicant or Employee (optional)

_____
Date

_____
Agency Name (Please print)

_____
Agency Representative Name (Please print)

_____
Signature of Agency Representative

_____
Date

Please:
Check and Initial each Applicable Space

CCH Report Printed:

YES ____ NO ____ _____ initial

Purpose of CCH: _____

Empl ____ Vol/Contractor _____ _____ initial

Date Printed: _____ _____ initial

Destroyed Date: _____ _____ initial

Retain in your files

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