Veterinary Medical Teaching Hospital

PART-TIME EMPLOYEE JOB APPLICATION

<u>Applications that do not reference a specific position will not be accepted.</u> Please refer to the position description you are interested in (available online) for complete details on the requirements of each position.

Note: Due to Texas A&M University rules, student employees can work a maximum of 29.75 hours per week (Sunday-Saturday).

Personal Infor	mation								
Position applying for:				Date available to start work:					
Last name:	First name:		N	Aiddle initial:					
Are you a U.S. Citize	n? Yes	No	UIN:						
E-mail address:									
Address:									
Cell phone number:			Other	Other phone number:					
How did you learn a	bout this job?								
Have you ever been	employed by the Vet	erinary Medical Te	aching Ho	spital? Y	es No				
If so, what was your	position?								
School Inform	ation								
Are you a Texas A&M student? Yes No Expected date of graduation: (Copy of current class schedule is required if not enrolled at									
What is your major?									
	gible for Work Study d letter if applicable.		&M?	Yes	No				
Work Experie	псе								
Dates Beginning - Ending	Employer	Tit	Γitle Phone #		Reason for leaving				
-									

Job Skills/Certifications

Please list any job skills or certifications you currently hold. Please review the position description for a reference of required skills and certifications for the position for which you are applying.

Certification name or job skill	Granting agency (if applicable)	Expiration date (if applicable)			

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Work Availability Schedule for								Se	Semester			
	_		(Plea	ase indi	cate you	ır avail	ability	to wor	k)	1	,	
	7:00	8:00	9:00	10:00	11:00	12:00	1:00	2:00	3:00	4:00	5:00	EVENING
SUNDAY												
MONDAY												
TUESDAY												
WEDNESDAY												<u> </u>
THURSDAY												
FRIDAY												
SATURDAY												
Additional in Please provide qualifies you for the Please provide qualifies you for the Please Pleas	e any ad for this j IECKS: as A&M U employers	niversity	System o	or any of its	sheet if i	necessa	ry. se referen					
I understand that is employment. I furt Service at the time	f I am a m her under	ale, I am	required	to sign a C		_					-	
IMMIGRATION I understand that a Eligibility Verificat completing the For authorized to work	ny offer o ion (Form m I-9, I w	f employ I-9) and	ment is co	ontingent u g documer	upon my co nts to verify	ompleting y my ident	the Immi ity and er	igration a	ınd Natuı nt eligibi	ralization lity as req	Service I uired by	law. When
FALSE STATEM I certify that all info falsification, misrep termination of emp employees with or from employment	ormation of presentation of the presentation of the present, and the present of t	on, or on regardles iuse. I un	nission of ss of wher aderstand	the fact m or how it	ade on this was discov	s application	on may b as A&M U	e cause fo Jniversity	or denial y is an at-	of employ will emp	yment or loyer and	immediate may dismis
 Applicant Signati	ıre							 Dat	÷0		_	