

Candidate Information for Student Position



Complete this form when applying for a student position at Sam Houston State University.

Hiring Department Name

Job Posting No.

Available Start Date

Sam ID

Legal Name – As it appears on your Social Security Card

CONTACT

University Email

Phone

Mailing Address

EMPLOYMENT

Are you currently employed at SHSU? Yes No

If yes, complete the following questions.

What department are you employed with?

How many hours per week are you working?

Are you currently employed with another State of Texas Agency? Yes No

If yes, complete the following questions.

What agency are you employed with?

Will you be employed with your current agency at the same time as SHSU? Yes No

Do you have any relatives working for SHSU? Yes No

If yes, list their names and your relationship.

RESUME – Optional

Attach your resume to skip the following 2 sections: Higher Education & Experience.

HIGHER EDUCATION

Degree

Major/Minor

Institution

Location

Did you or will you graduate?

Yes No

Graduation Date

Credit Hours Completed

Dates Attended

–

Candidate Information for Student Position



Continued -

Degree	Major/Minor	Institution	Location
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Did you or will you graduate?		Graduation Date	Credit Hours Completed	Dates Attended
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/> – <input type="text"/>

Degree	Major/Minor	Institution	Location
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Did you or will you graduate?		Graduation Date	Credit Hours Completed	Dates Attended
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/> – <input type="text"/>

Degree	Major/Minor	Institution	Location
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Did you or will you graduate?		Graduation Date	Credit Hours Completed	Dates Attended
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text"/> – <input type="text"/>

EXPERIENCE

Dates Employed	Employer Name	Employer Location	Title – Include rank, if applicable
<input type="text"/> – <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Supervisor Name	Supervisor Phone	Reason for Leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>

Dates Employed	Employer Name	Employer Location	Title – Include rank, if applicable
<input type="text"/> – <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Supervisor Name	Supervisor Phone	Reason for Leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>

Dates Employed	Employer Name	Employer Location	Title – Include rank, if applicable
<input type="text"/> – <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Supervisor Name	Supervisor Phone	Reason for Leaving
<input type="text"/>	<input type="text"/>	<input type="text"/>

Candidate Information for Student Position



Continued -

Dates Employed _____ - _____	Employer Name _____	Employer Location _____	Title – Include rank, if applicable _____
	Supervisor Name _____	Supervisor Phone _____	Reason for Leaving _____

REFERENCES – Optional _____

Name	Position	Email/Phone Number
_____	_____	_____
Name	Position	Email/Phone Number
_____	_____	_____
Name	Position	Email/Phone Number
_____	_____	_____

APPLICANT CERTIFICATION _____

Please read the following statements carefully and indicate your understanding by completing the certification below:

1. I certify that all the information provided by me in connection with my employment information, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.
2. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.
3. I understand that the State of Texas requires all males who are 18 through 25 and required to register with the Selective Service, to present either proof of registration or exemption from registration upon hire.
4. I understand that some state agencies will check with the Texas Department of Public Safety, the Federal Bureau of Investigation or other organizations, for any criminal history in accordance with applicable statutes.
5. I authorize any of the persons or organizations referenced in this employment information document to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

I certify that all information provided is true and complete.

Selective Service Registration



This form is used to collect proof of selective service registration for required registrants. If you meet the requirements, registration is mandatory for employment at Sam Houston State University.

Almost all male US citizens and male immigrants, who are 18 through 25, are required to register with Selective Service. It's important to know that even though he is registered, a man will not automatically be inducted into the military.

For more information, visit <https://www.sss.gov/register/who-needs-to-register/>

Legal Name

ELIGIBILITY

Select Your Gender at Birth Female Male

Select Your Age Group Younger than 18 18-25 26 or older

Are you a non-immigrant on a current non-immigrant visa? No Yes

PROOF OF REGISTRATION

Upload a copy of your Selective Service Registration card

– or official Selective Service Registration Acknowledgement Letter



Pre-Offer Veteran Self-Identification

This form is used to provide eligible candidates an opportunity to voluntarily identify themselves as a protected veteran.

This form supports the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. § 4212 (VEVRAA), which requires Government employers to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans.

Sam ID

Legal Name

IDENTIFICATION PREFERENCE

I choose not to self-identify.

I am not a Protected Veteran.

I identify as one or more of the following classifications of Protected Veterans.

(1) **“disabled veteran”** is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

(2) **“recently separated veteran”** means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.

(3) An **“active duty wartime or campaign badge veteran”** means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

(4) An **“Armed forces service medal veteran”** means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service.

For more information, call the U.S. Department of Labor’s Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

EMPLOYEE ATTESTATION

I hereby certify that the information I have provided above is true and complete to the best of my knowledge.

Post-Offer Veteran Self-Identification Form



This form is used to provide eligible employees an opportunity to voluntarily identify themselves as a protected veteran.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specific “protected veteran” classification. These classifications are defined below. The submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veteran’s Readjustment Assistance Act of 1974, as amended. If you believe you belong to any of the categories of protected veterans listed below, please indicate by checking the appropriate box.

Sam Houston State University is an Equal Opportunity/Affirmative Action Plan Employer and Smoke/ Drug-Free Workplace. All qualified applicants will receive consideration for employment without regard to race, creed, ancestry, marital status, citizenship, color, religion, sex, national origin, age, veteran status, disability status, sexual orientation, or gender identity. Sam Houston State University is an “at will” employer. Security sensitive positions at SHSU require background checks in accordance with Education Code 51.215.

Sam ID

Legal Name

I belong to the following classifications of protected veterans (choose all that apply):

Disabled Veteran

A “disabled veteran” is one of the following: a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veteran’s Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

Recently Separated Veteran

A “recently separated veteran” means any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval, or air service.

Active Duty Wartime or Campaign Badge Veteran

An “active duty wartime or campaign badge veteran” means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

Armed Forces Service Medal Veteran

An “Armed forces service medal veteran” means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

I am NOT a protected veteran.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

EMPLOYEE ATTESTATION

I hereby certify that the information I have provided above is true and complete to the best of my knowledge.

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 04/30/2026

Name:
Employee ID:

Date:

(if applicable)

Why are you being asked to complete this form?

We are a federal contractor or subcontractor. The law requires us to provide equal employment opportunity to qualified people with disabilities. We have a goal of having at least 7% of our workers as people with disabilities. The law says we must measure our progress towards this goal. To do this, we must ask applicants and employees if they have a disability or have ever had one. People can become disabled, so we need to ask this question at least every five years.

Completing this form is voluntary, and we hope that you will choose to do so. Your answer is confidential. No one who makes hiring decisions will see it. Your decision to complete the form and your answer will not harm you in any way. If you want to learn more about the law or this form, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you have a disability?

A disability is a condition that substantially limits one or more of your "major life activities." If you have or have ever had such a condition, you are a person with a disability. **Disabilities include, but are not limited to:**

- Alcohol or other substance use disorder (not currently using drugs illegally)
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, HIV/AIDS
- Blind or low vision
- Cancer (past or present)
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or serious difficulty hearing
- Diabetes
- Disfigurement, for example, disfigurement caused by burns, wounds, accidents, or congenital disorders
- Epilepsy or other seizure disorder
- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome
- Intellectual or developmental disability
- Mental health conditions, for example, depression, bipolar disorder, anxiety disorder, schizophrenia, PTSD
- Missing limbs or partially missing limbs
- Mobility impairment, benefiting from the use of a wheelchair, scooter, walker, leg brace(s) and/or other supports
- Nervous system condition, for example, migraine headaches, Parkinson's disease, multiple sclerosis (MS)
- Neurodivergence, for example, attention-deficit/hyperactivity disorder (ADHD), autism spectrum disorder, dyslexia, dyspraxia, other learning disabilities
- Partial or complete paralysis (any cause)
- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema
- Short stature (dwarfism)
- Traumatic brain injury

Please check one of the boxes below:

- Yes, I have a disability, or have had one in the past
No, I do not have a disability and have not had one in the past
I do not want to answer

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

For Employer Use Only

Employee Statistical Data Sheet



This form is used to gather important new employee demographic data to ensure compliance with relevant university, state, and federal policies. Data obtained with this form is kept confidential and secure and used to populate employee profile data in university information systems for payroll, training, and tax purposes.

Legally Documented Sex - The sex your legal documentation reflects such as your birth certificate and social security card. Used for medical insurance and compliance.

Ethnicity - The cultural and social categorization with which you most closely identify yourself.

Race - The categorization associated with biological and genealogical ancestry.

If you have a disability that requires an accommodation, please contact Human Resources at 936.294.1872.

A Texas state agency refers to any department, commission, council, board, committee, institution, legislative body, agency, government corporation, educational institution or official of the executive, legislative or judicial branch of Texas.

Sam ID <input type="text"/>	Legal Name – As it appears on your Social Security Card <input type="text"/>	Date of Birth <input type="text"/>
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Phone <input type="text"/>	University Email <input type="text"/>	Hiring Department Name <input type="text"/>
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STATISTICAL DATA

Citizenship Status <input type="text"/>	Legally Documented Sex <input type="text"/>	Ethnicity <input type="text"/>
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Race – Mark all that apply

- | | | |
|---------------------------|-------------------------------------|-------|
| African American or Black | American Indian or Alaska Native | Asian |
| Caucasian or White | Native Hawaiian or Pacific Islander | |

Are you Hispanic or Latino? **Yes** **No**

Do you identify as a veteran? **Yes** **No**

If applicable, select your veteran’s preference

Do you have a disability that requires an accommodations? **Yes** **No**

EMPLOYMENT DATA

Do you have any prior service with SHSU or any other Texas state agency, including employment as a student worker? **Yes** **No**

If yes, provide name of the entity(s) and approximate dates of employment

Do you have prior Texas Department of Criminal Justice or Texas law enforcement service? **Yes** **No**

Will you be employed at both SHSU and another Texas state agency, independent school district institution of higher education, junior college, or community college at the same time? **Yes** **No**

If yes, provide name of the agency(s) or university(s)

EMPLOYEE ATTESTATION

I hereby certify that the information I have provided above is true and complete to the best of my knowledge.

Notification Acknowledgment

This form is used to obtain an acknowledgment receipt for providing certain legislation and Human Resources information. This form supports State Laws enacted by the fifty-second, the sixty-fifth, seventy-fifth, and eighty-second Texas State Legislatures. The Human Resources website serves as an official notification regarding legislation and employment related information.

➔ shsu.edu/hr

Sam ID

Legal Name

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NOTICES

State & Federal Legislation

Information regarding legislation is available on the Notices page. This page includes, but may not be limited to, the following information:

- » The Texas State University System (TSUS) Compliance and Ethics Line
- » Chapter VIII, Ethics Policy for Regents and Employees of the TSUS
- » Family Education Rights and Privacy Act (FERPA)
- » Information Security User Guide
- » Drug Free Schools and Communities
- » Release of Personal Information Election & Employee Crime Victim Identification
- » Worker's Compensation
- » Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA)
- » Affordable Care Act
- » Health Insurance Portability and Accountability Act (HIPAA)
- » ERS Notice of Creditable Coverage Plan Year 2021 (NOCC)
- » Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA)
- » Annual Security & Fire Safety Report
- » Information Regarding Staff Compensation
- » Political Aid & Legislation Influence Prohibited
- » Property Accounting System
- » Standards of Conduct

Policies

Employment related policies are available on our Policies page. This page includes, but may not be limited to, the following policies:

- » Affirmative Action Recruitment Plan
- » Discrimination and Equal Employment Opportunities
- » Sexual Misconduct & Title IX
- » Multiple State Employment

Benefits

Benefits eligible employees are encouraged to review the Benefits page prior to their benefits elections. Benefits information includes the following:

- » Insurance
- » Programs
- » Staff Holidays
- » Personal Time Off
- » Compensation
- » Retirement

Onboarding

A new hire checklist is available on the Getting Started page. This page includes, but may not be limited to, the following:

- » Bearkat OneCard
- » Payroll

ACKNOWLEDGMENT

I have been advised of the information above. I understand that it is my responsibility as a new employee of Sam Houston State University to familiarize myself with the legislation and information provided on the Human Resources website. It is also my responsibility to periodically review the information for any changes. I hereby certify that the information I have provided above is true and complete to the best of my knowledge.

Signature: _____

Date: _____