



## **HUMAN RESOURCES STAFF APPLICATION FOR EMPLOYMENT**

**The University of Texas-Pan American  
Human Resources  
1201 W. University Drive  
Edinburg, Texas 78539  
Main: (956) 665-2451 • Office: (956) 665-2991 • Fax: (956) 665-7209  
<http://www.utpa.edu/humanresources>**

### **Notice About Information Laws and Practices**

With few exceptions, you are entitled on your request to be informed about the information The University of Texas - Pan American collects about you. Under Sections 552.023, 552.229, and 552.307 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UTPA correct information about you that is held by us and is incorrect, in accordance with the procedures set forth in The University of Texas System policy UTS139 - Texas Public Information Act. The information that UTPA collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time. Falsification of any information on this form may void your Application for Employment and any actions based on it. The information on the Application for Employment, together with any attachments, is the property of The University of Texas - Pan American.

**The University of Texas-Pan American is an Equal Opportunity Employer**



## THE UNIVERSITY OF TEXAS-PAN AMERICAN

Human Resources - Recruitment and Staffing Office  
1201 W. University Drive, Edinburg, Texas 78539  
Main: (956) 665-2451 • Office: (956) 665-2991 • Fax: (956) 665-7209 • Email: [staffing@utpa.edu](mailto:staffing@utpa.edu)  
<http://www.utpa.edu/humanresources>

In order to be considered for selection, you must submit a fully signed and completed Staff Application for Employment. Please answer all questions in the application, including a description of the job duties performed. Please do not respond - "SEE RESUME" otherwise, the application will be considered as incomplete and not eligible for employment consideration.

The following documents need to be attached to the application packet at the time of submission:

1. Job Vacancy Request Form, to list the vacant positions you are applying
2. Resume
3. Letter of intent
4. Transcripts, official documents will be required upon selection for hire
5. Criminal Background Check

### Notification Process

All notifications regarding the vacancies are electronic and are sent to the email address indicated on the application. All email inquiries must include the Job Vacancy number and Job Title. Human Resources will only provide information regarding the vacancy applied upon receipt of the application and after the vacancy has been filled. A Request for Action will be sent if the application is incomplete and/or missing documents.

Applicants must remove all personal information, such as Social Security Number and/or Date of Birth from the documents submitted (i.e. transcripts, certifications).

We accept completed staff application packets via mail or email. All submitted documents become property of the university and copies can be obtained for a nominal fee.

### \* If mailing the packet, please send to:

The University of Texas-Pan American  
Attn: Human Resources  
1201 West University Drive  
Edinburg, Texas 78539

### \* If emailing the packet, please send to:

[staffing@utpa.edu](mailto:staffing@utpa.edu)

If you have any questions regarding the staff application procedures, please contact (956)665-2991 for assistance. If applying for a Faculty position, do not use the following application. Please complete the Faculty Application for Employment which is available at [http://portal.utpa.edu/utpa\\_main/dba\\_home/ba\\_forms#HR\\_index](http://portal.utpa.edu/utpa_main/dba_home/ba_forms#HR_index).



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**STAFF APPLICATION FOR EMPLOYMENT**

The University of Texas-Pan American does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or sexual orientation.

**APPLICANT INFORMATION (Please print)**

Last Name	First Name	Middle Name
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**PRESENT MAILING ADDRESS**

Street Name and Number	City	State	Zip
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**CONTACT INFORMATION**

Telephone Number (Home)	Telephone Number (Mobile/Other)	Email Address
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**OTHER INFORMATION**

Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Date you can start working?	Minimum acceptable salary: _____ per _____
Are you a current "Regular" UTPA Employee (other than Direct Wage, Work-Study, TA, RA or other temporary?) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked at UTPA? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when? _____ In what capacity? _____
If hired, are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you related to any member of our organization, administration or staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please give name(s) and relationship(s): _____	
Have you ever been employed under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, under what name? _____

**EDUCATION (Circle the total number of years of education that you have completed)**

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>
Did you graduate from High School? <input type="checkbox"/> Yes	Check if you have a GED <input type="checkbox"/> Yes																			
COLLEGE OR UNIVERSITY Name of School and Address, City, State	From Month/Year (mm/yyyy)	To Month/Year (mm/yyyy)	Did you Graduate?	Hours Of Credit	Type of Degree	Major														
Other																				

**EXPERIENCE** - Beginning with your present or most recent job, list below all of your past work history information even if it is not relevant to the position(s) you are applying for consideration. A resume can be attached but will not be accepted in lieu of an application.

Name of Employer		Address	City	State	Zip	Telephone No.
Position Held		Reason for Leaving				
From: Month/Year	To: Month/Year	List Specific Job Duties:				
Starting Salary	Ending Salary					
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time					
<input type="checkbox"/> Temporary	<input type="checkbox"/> Summer					
* If Part-Time, please give number of hours worked per week.						
Number Of Employees Supervised						
Name, Title, Phone Of Immediate Supervisor						

Name of Employer		Address	City	State	Zip	Telephone No.
Position Held		Reason for Leaving				
From: Month/Year	To: Month/Year	List Specific Job Duties:				
Starting Salary	Ending Salary					
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time					
<input type="checkbox"/> Temporary	<input type="checkbox"/> Summer					
* If Part-Time, please give number of hours worked per week.						
Number Of Employees Supervised						
Name, Title, Phone Of Immediate Supervisor						

Name of Employer		Address	City	State	Zip	Telephone No.
Position Held		Reason for Leaving				
From: Month/Year	To: Month/Year	List Specific Job Duties:				
Starting Salary	Ending Salary					
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time					
<input type="checkbox"/> Temporary	<input type="checkbox"/> Summer					
* If Part-Time, please give number of hours worked per week.						
Number Of Employees Supervised						
Name, Title, Phone Of Immediate Supervisor						

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Position Held		Reason for Leaving				
From: Month/Year	To: Month/Year	List Specific Job Duties:				
Starting Salary	Ending Salary					
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time					
<input type="checkbox"/> Temporary	<input type="checkbox"/> Summer					
* If Part-Time, please give number of hours worked per week.						
Number Of Employees Supervised		Name, Title, Phone Of Immediate Supervisor				

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From: Month/Year	To: Month/Year	List Specific Job Duties:				
Starting Salary	Ending Salary					
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time					
<input type="checkbox"/> Temporary	<input type="checkbox"/> Summer					
* If Part-Time, please give number of hours worked per week.						
Number Of Employees Supervised		Name, Title, Phone Of Immediate Supervisor				

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From: Month/Year	To: Month/Year	List Specific Job Duties:				
Starting Salary	Ending Salary					
<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time					
<input type="checkbox"/> Temporary	<input type="checkbox"/> Summer					
* If Part-Time, please give number of hours worked per week.						
Number Of Employees Supervised		Name, Title, Phone Of Immediate Supervisor				

**If additional work experience needs to be included please attach on a separate sheet.**

**SPECIAL KNOWLEDGE, SKILLS, AND/OR ABILITIES (Please Check)**  
 BE SPECIFIC in listing your special skills, abilities and knowledge. List machines or office equipment you can use such as calculators, printing or graphic equipment, computer equipment, types of software and hardware, programming languages, etc. \*A skills test may be given depending upon the position.

<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Microsoft Excel	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Microsoft PowerPoint	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Not applicable
<input type="checkbox"/> WordPerfect	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Desktop Publishing Software	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Graphics Software	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Database Design	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Network Installation/Administration	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Other _____	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Other _____	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Not applicable
<input type="checkbox"/> Other _____	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	<input type="checkbox"/> Not applicable

**PROFESSIONAL REFERENCES (Please Print): List three (3) professional references that are not relatives. This section is REQUIRED.**

Name of Employer	Address	City	State	Zip	Telephone No.
Name of Employer	Address	City	State	Zip	Telephone No.
Name of Employer	Address	City	State	Zip	Telephone No.

**PERSONAL REFERENCES (Please Print): List up to three (3) personal references. This section is OPTIONAL.**

Name of Employer	Address	City	State	Zip	Telephone No.
Name of Employer	Address	City	State	Zip	Telephone No.
Name of Employer	Address	City	State	Zip	Telephone No.

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING 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, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination. I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S. I understand that the State of Texas requires all males who are 18 through 25 to register with the Selective Service, and to present either proof of registration or exemption from registration upon hire.

I authorize for a duly accredited representative of UTPA to obtain any information from schools, employees, criminal justice agencies, 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 release any individual from any and all liability for damages of whatever kind or nature which may at anytime result to me on account of compliance, or any attempts to comply, with this organization.

Applications will be kept in an active file for six (6) months from the date of this application. This application will be destroyed after two (2) years from the date of non-selection.

<b>APPLICANT SIGNATURE</b> X	Date
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The University of Texas - Pan American is an Equal Opportunity / Affirmative Action educational institution and employer. Student, faculty and staff member are selected without regard to their race, color, gender, disability, or national origin, consistent with the assurance of compliance with Title VI of the Civil Rights Act of 1964, and Executive Order 11246 as issued and amended. Federal law requires compliance with the Immigration Reform Control Law of 1986.



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**JOB VACANCY REQUEST FORM**

**INSTRUCTIONS:** This form is to be used when applying for any vacancy and/or vacancies. Please complete all sections below. Incomplete forms will be cause for delay in the processing of your application. UTPA Staff Employment Applications are kept active for six (6) months from the date the application was signed.

**SECTION I. Contact Information**

The contact information must be the same as written on the application for employment.

Today's Date: _____	Date of Last Application Submitted: _____
Applicant Last Name: _____	Applicant First and Middle Name: _____
Mailing Address: _____	City, State, and Zip: _____
Email Address: _____	Phone Number: _____

**SECTION II. Job Vacancy Requests**

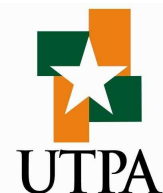
In order to be considered a candidate for interview, the applicant must meet the required qualifications for the vacancy as listed on the job posting. Meeting the job qualifications does not guarantee you will be selected for interview. If selected, the hiring department will contact you directly.

<b>1. Job Vacancy #</b>	<b>Job Title and Department Name</b>	<b>HUMAN RESOURCES USE ONLY --- Do Not Write in this Section ---</b>
Do you meet the required education and experience? <input type="checkbox"/> Yes		
Do you meet the preferred education and experience? <input type="checkbox"/> Yes		
<b>2. Job Vacancy #</b>	<b>Job Title and Department Name</b>	<b>HUMAN RESOURCES USE ONLY --- Do Not Write in this Section ---</b>
Do you meet the required education and experience? <input type="checkbox"/> Yes		
Do you meet the preferred education and experience? <input type="checkbox"/> Yes		
<b>3. Job Vacancy #</b>	<b>Job Title and Department Name</b>	<b>HUMAN RESOURCES USE ONLY --- Do Not Write in this Section ---</b>
Do you meet the required education and experience? <input type="checkbox"/> Yes		
Do you meet the preferred education and experience? <input type="checkbox"/> Yes		
<b>4. Job Vacancy #</b>	<b>Job Title and Department Name</b>	<b>HUMAN RESOURCES USE ONLY --- Do Not Write in this Section ---</b>
Do you meet the required education and experience? <input type="checkbox"/> Yes		
Do you meet the preferred education and experience? <input type="checkbox"/> Yes		
<b>5. Job Vacancy #</b>	<b>Job Title and Department Name</b>	<b>HUMAN RESOURCES USE ONLY --- Do Not Write in this Section ---</b>
Do you meet the required education and experience? <input type="checkbox"/> Yes		
Do you meet the preferred education and experience? <input type="checkbox"/> Yes		
<b>6. Job Vacancy #</b>	<b>Job Title and Department Name</b>	<b>HUMAN RESOURCES USE ONLY --- Do Not Write in this Section ---</b>
Do you meet the required education and experience? <input type="checkbox"/> Yes		
Do you meet the preferred education and experience? <input type="checkbox"/> Yes		

<b>HUMAN RESOURCES USE ONLY</b>	<input type="checkbox"/> Faxes In	<input type="checkbox"/> Mailed In	<input type="checkbox"/> Received by Front Desk	<b>Date Stamp</b>
Screened By: _____ Date Screened: _____ Application Date: _____				

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**VETERAN STATUS - VETERAN'S EMPLOYMENT PREFERENCE FORM**

**INSTRUCTIONS:** This form **MUST** be completed, signed and submitted along with your Staff Application.

<b>APPLICANT INFORMATION (Please print)</b>		
Last Name	First Name	Middle Name
APPLICANT SIGNATURE <b>X</b>		Date

I DO NOT wish to complete the Veteran's Employment Preference Form.

A veteran is defined as an individual who served in the army, navy, air force, marine corps, or coast guard of the United States or in an auxiliary service of one of those branches. **Are you a veteran?**  Yes  No

**PLEASE READ:** You may be entitled to veteran's employment preference as established in the Veteran's Employment Preference Act (Senate Bill 646 / Chapter 657, Texas Government Code) if:

- As a veteran you were honorably discharged and you (a) served in the armed forces for 90 consecutive days during a national emergency (from 1933 to present), or (b) served less than 90 consecutive days and were discharged due to a service-connected disability.
- You are an individual classified as a surviving spouse of a veteran and who has not remarried; OR
- You are an orphan of a veteran.

\* **NOTE:** If you qualify for Veteran's Employment Preference, complete that applicable information requested below and submit the requested documentation.

<b>CHOOSE ONE OF THE FOLLOWING:</b>
Are you one of the following:
<input type="checkbox"/> VETERAN: If checked this option, please go to <b>Section A</b>
<input type="checkbox"/> ORPHAN: If checked this option, please go to <b>Section B</b>
<input type="checkbox"/> SURVIVING SPOUSE: If checked this option, please go to <b>Section C</b>

<b>SECTION A: VETERAN (Please check and print)</b>		
Date of Enlistment	Date of discharge	Were you honorably discharged <input type="checkbox"/> Yes, (Submit copy of the service discharge from (DD214) or other separation documentation)
Indicate the branch in which you served:		
<input type="checkbox"/> U.S. Army	<input type="checkbox"/> U.S. Navy	<input type="checkbox"/> U.S. Air Force
<input type="checkbox"/> U.S. Marine Corps	<input type="checkbox"/> U.S. Coast Guard	<input type="checkbox"/> Auxiliary Services *
* If you served in the auxiliary services, provide name:		

<b>SECTION B: ORPHAN (Please check and print)</b>	<b>SECTION C: SURVIVING SPOUSE (Please check and print)</b>
Was one of your parents a veteran who was killed while on active duty? <input type="checkbox"/> Yes* <input type="checkbox"/> No	Are you a spouse of a veteran who was killed while on active duty and who has not remarried? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, have you been subsequently legally adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
* Veterans Name: _____ (Please submit a copy of your birth certificate and DD 1300 or death certificate of veteran)	* Veterans Name: _____ (Please submit a copy of your birth certificate and DD 1300 or death certificate of veteran)

**Individuals who are applying for employment preference under this Act must submit a copy of the service discharge form (DD 214) or other separation documentation and, if applicable, DD 1300, death, birth and/or marriage certificates..**

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**FORMER FOSTER CHILDREN - EMPLOYMENT PREFERENCE FORM**

**INSTRUCTIONS:** This form **MUST** be completed, signed and submitted along with your Staff Application.

<b>APPLICANT INFORMATION (Please print)</b>		
Last Name	First Name	Middle Name
<b>APPLICANT SIGNATURE</b> X		Date

I DO NOT wish to complete the Former Foster Children - Employment Preference form.

A former foster child is defined as an individual who was under the permanent managing conservatorship of the Department of Family and Protective Services on the day preceding the individual's 18th birthday.

Are you a former foster child?  Yes  No

**PLEASE READ:** You may be entitled to former foster children's employment preference as established in the Employment Preference for Former Foster Children Act (House Bill 1043 / Chapter 672, Texas Government Code) if:

- You were under the permanent managing conservatorship of the Department of Family and Protective Services on the day preceding your 18th birthday.
- You are currently 25 years of age or younger

I DO NOT qualify for Former Foster Children Employment Preference.

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**CRIMINAL BACKGROUND CHECK FORM**  
**THE UNIVERSITY OF TEXAS-PAN AMERICAN**  
**HUMAN RESOURCES**

<u>Employer Contact Information</u>	
Contact Person:	_____
E-Mail:	_____
Dept:	_____

**INSTRUCTIONS:** This section to be completed by applicant or employee under consideration for employment or promotion

**Special Note:** If applying for a Direct Wage or Special Assignment, you are also required to complete and submit the Direct Wage / Special Assignment Application for Employment along with the Criminal Background Check Form. Incomplete application packets will cause a delay in the processing of the results. Former employees with a break in service of less than 120 days are not required to submit the Criminal Background Check Form.

**Notice To Applicant Concerning Information Laws and Practices**

With few exceptions, you are entitled on your request to be informed about the information The University of Texas - Pan American (UTPA) collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have UTPA correct information about you that is held by us and is incorrect, in accordance with the procedures set forth in The University of Texas System Business Procedures Memorandum 32. The information that UTPA collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.

Print all information requested. Falsification of any information on this form may void your Application for Employment and any actions based on it. The information on the Application for Employment, together with any attachments, is the property of The University of Texas - Pan American.

To obtain a Summary of your rights under the Fair Credit Reporting Act, access the document at: <http://www.ftc.gov/opa/2004/11/facta.htm>

Name: (Last,First,Middle) \_\_\_\_\_

List any former names used: \_\_\_\_\_

Last four digits of Social Security #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Check One:  Work-study  Direct Wage  Faculty  Staff  Other: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Driver's License State of Issue: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Out of state addresses and dates of residency for the past 7 years: \_\_\_\_\_

**All job applicants must provide and certify their complete adult criminal conviction record, this includes any convictions and/or deferred adjudications where the final disposition is still pending (i.e., the original charge has not been dismissed) from the age of 17 until now (other than minor traffic violations).**

I have no criminal convictions or deferred adjudications from the age of 17 until now.

Date of Conviction Month/Year (mm/yyyy)	Location of Conviction City, State	Name of Court	Mark Appropriate Box			Nature of Conviction (Do not use abbreviations)
			Misdemeanor	Felony	Deferred	

**AUTHORIZATION:**

I hereby authorize any law enforcement agency to furnish The University of Texas-Pan American or its agent information related to my criminal history. I hereby release UTPA and all its agents and employees, the law enforcement agency and all employees of law enforcement agencies furnishing information, from all liability resulting from the furnishing of this information to UTPA. I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any false statements made herein may void my Application for Employment and any actions based on it. Throughout the length of my employment, I authorize the University of Texas-Pan American to conduct a background check as needed.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*\*\* A Criminal background Check Will Be Conducted on Applicants who are Under Final Consideration. \*\*\*

**THIS SECTION TO BE COMPLETED BY HUMAN RESOURCES & UTPA POLICE DEPARTMENT**

Criminal History Record Status \_\_\_\_\_ Recommendation:  Suitable  Not Suitable

Criminal Background Check reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_

HR Recommendation: \_\_\_\_\_ Hire  Do Not Hire

Remarks \_\_\_\_\_

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<http://www.utpa.edu/humanresources>

**APPLICATION EEO DATA FORM**

In order to comply with federal equal opportunity recordkeeping and other reporting requirements, the University of Texas-Pan American asks all applicants to provide us with certain demographic information. Providing this information is strictly voluntary and will be kept separate from any resumes or other material submitted. It will not be used in determining employment at the University of Texas - Pan American.

APPLICANT INFORMATION (Please print)							
Last Name		First Name		Middle Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address		City	State	Zip	Home Phone	Work Phone	Date of Birth
APPLICANT SIGNATURE <b>X</b>						Date	

I DO NOT wish to complete this data form.

RACE/ETHNICITY (Check one)
<p>In completing the Race/Ethnicity portion of the form, first indicate if you so identify yourself as Hispanic or Latino. If you do so identify yourself, you should stop at that point. If you do not identify as Hispanic or Latino, then check the appropriate box to identify the race/ethnicity with which you do indentify. If you identify with two or more races, please check the "two or more race" box, and also list the single race/ethnic group with which you most identify. Please check all categories that apply to you.</p> <p><input type="checkbox"/> <b>Hispanic or Latino</b>          (Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race)</p> <p><b>OR</b></p> <p><input type="checkbox"/> <b>White (Not Hispanic or Latino)</b>          (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East)</p> <p><input type="checkbox"/> <b>Black or African American (Not Hispanic or Latino)</b>          (A person having origins in any of the Black racial groups of Africa)</p> <p><input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)</b>          (A person having origins in any of the Hawaii, Guam, Samoa, or other Pacific Islands)</p> <p><input type="checkbox"/> <b>Asian (Not Hispanic or Latino)</b>          (Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including =, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam., etc)</p> <p><input type="checkbox"/> <b>American Indian / Alaskan Native (Not Hispanic or Latino)</b>          (A person having origins in any of the original peoples of North or South America who maintains tribal affiliation or community attachment)</p> <p><input type="checkbox"/> <b>Two or More Races (Not Hispanic or Latino)</b>          (All persons who identify with more than one of the above five racial/ethnic groups)</p>

HOW DID YOU LEARN ABOUT THIS JOB? (Check one or more)	
<input type="checkbox"/> Referral _____ <input type="checkbox"/> Job Fair _____ <input type="checkbox"/> College/University Career Day _____ <input type="checkbox"/> Internet Web Site _____ <input type="checkbox"/> Texas Workforce Commission _____ <input type="checkbox"/> Working Texas.com _____	<input type="checkbox"/> Newspaper _____ <input type="checkbox"/> Professional Publication _____ <input type="checkbox"/> Recruitment Poster Television _____ <input type="checkbox"/> Radio _____ <input type="checkbox"/> Other _____

**THE UNIVERSITY OF TEXAS-PAN AMERICAN IS AN EQUAL OPPORTUNITY EMPLOYER**