



FACULTY APPLICATION FORM

This form must be completed and submitted before any application for employment is considered complete and official. It is the policy of The University of Texas Health Science Center at Houston (UTHSC-H) that, in all aspects of its operations, each person shall be considered solely on the basis of qualifications, without regard to race, color, religion, sex, national origin, age, sexual orientation, disability, or veteran status. State law requires the following: With few exceptions, you are entitled on your request to be informed about the information UTHSC-H collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have UTHSC-H correct information about you that is held by UTHSC-H and is incorrect. The procedures are set forth in The University of Texas System Business Procedures Memorandum 32. The information that UTHSC-H 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.

Position Desired		Date:	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer		Date available:	
Referral Sources: <input type="checkbox"/> UTHSC-H Website <input type="checkbox"/> Advertisement <input type="checkbox"/> Employee Referral <input type="checkbox"/> Other		If Other, please list:	
Last Name	First	M.I.	Email Address
Current Address	Street and Number	City	State Zip Code
If hired, would you be able to provide documentation of eligibility to work in the United States at The University of Texas Health Science Center at Houston (UTHSC-H) prior to beginning employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, give status and visa type:			
Telephone numbers where: you can be reached:		Home	Work Other
List all other names used for employment			
Have you previously applied to UTHSC-H? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date _____	Have you ever been employed by UTHSC-H? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates _____ Dept. _____	Have you ever been employed by another UT component or any other State agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates _____ Agency _____	
Are you related by blood or marriage to any employee of UTHSC-H, UT System, or Board of Regents? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Name	Relationship Agency
Please indicate, from the most recent to the oldest, all convictions or deferred adjudications of a violation of any local, state or federal law, other than minor traffic violations (this includes a plea of guilty or no contest): _____ _____			

PLEASE READ CAREFULLY. SIGNATURE IS REQUIRED.

I certify 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 statement made herein may impact my consideration for employment. In consideration of my interest in employment with The University Texas Health Science Center at Houston (UTHSC-H), I understand that if I am selected as a final candidate for a position, I authorize the institution to make inquiries regarding any information on my application (to include but not limited to a criminal background check) and I consent to allow any agency or individual to provide this information as requested. A reproduction of this request may be accepted as an original. I understand that this document and all attachments are the property of UTHSC-H. I understand that if I am a male age 18 through 25, I must show proof of registration with Selective Service at the time of hire. I understand that any offer of employment is contingent upon my completing the Immigration and Naturalization Service Employment Eligibility Verification (Form I-9) and providing documents to verify my identity and employment eligibility as required by law.

Signature of Applicant

Date