



Application for Employment FACULTY Positions

UNIVERSITY OF MARY HARDIN-BAYLOR

Affiliated with the Baptist General Convention of Texas

Human Resources Department
UMHB Box 8020, 900 College St.
Belton, Texas 76513 254/295-4527

Thank you for your interest in employment with UMHB. Please answer every question below. Please submit a letter of interest, CV, and transcripts in addition to (but not in lieu of) this application. UMHB prefers electronic submission of this application to hr@umhb.edu if possible. If submitting this application by mail or in person, please select the PRINTABLE version on our website and please type or print in black ink. If a conditional offer of employment is made, applicants in selected job classifications may be required to participate in a post-offer, pre-employment medical exam, drug screen, and/or background investigation.

Position(s) Applied For: _____ Today's date: _____

Teaching Field/Specialty: _____ Type of employment sought full time part time (adjunct)

Name: _____
Last First Middle

Address: _____
Number Street City State Zip Code

Home Telephone: (_____) _____ - _____ Social Security #: _____ - _____ - _____
Area Code Number

Cell Telephone: (_____) _____ - _____ Email address _____
Area Code Number

Are you currently employed? Yes No May we contact your present employer? Yes No N/A

Are you a Christian? Yes No If yes, church membership/denomination: _____

How were you referred to us? Please be **SPECIFIC**:

- Newspaper or publication (name) _____ Personal referral (name) _____
- Internet website (location) _____

Can you furnish proof of U.S. citizenship or immigration status upon employment? Yes No N/A

Can you show proof of eligibility to work in the United States? Yes No N/A

(If offered employment, you will be required to provide documentation to verify eligibility upon employment)

Have you applied with us before? Yes No

If yes, please give position & date: _____

Have you been employed here before? Yes No

If yes, please give date and job title: _____

Do you have relatives currently employed here? Yes No

If yes, please give name and relationship: _____

On what date are you available for work? _____

Can you travel if a job requires? Yes No

Indicate any other name under which you have worked _____

Are you a veteran of the U.S. Military Service? Yes No If yes, please indicate branch: _____

After review of the job description for this position, do you believe you are able to perform the essential functions of this position, with or without reasonable accommodations? Yes No

EDUCATION

Proof of education from an accredited institution is required. Please submit transcripts and CV/resume with this application.

Completed Associate Degree(s)

Institution: _____
City and State: _____
_____ date _____ major

Institution: _____
City and State: _____
_____ date _____ major

Completed Master's Degree(s)

Institution: _____
City and State: _____
_____ date _____ major

Institution: _____
City and State: _____
_____ date _____ major

Institution: _____
City and State: _____
_____ date _____ major

Completed Post-Doctoral Study

Institution: _____
City and State: _____
_____ date _____ area

Completed Bachelor's Degree(s)

Institution: _____
City and State: _____
_____ date _____ major

Institution: _____
City and State: _____
_____ date _____ major

Completed Doctoral Degree(s)

Institution: _____
City and State: _____
_____ date _____ major

Institution: _____
City and State: _____
_____ date _____ major

Institution: _____
City and State: _____
_____ date _____ major

**Honors or Awards
Received**

PROFESSIONAL LICENSURE OR CERTIFICATION

(please list only those that relate to the job for which you are applying)

License or Certification #:	_____	Type:	_____
Date Acquired:	_____	Expiration Date:	_____
License or Certification #:	_____	Type:	_____
Date Acquired:	_____	Expiration Date:	_____
License or Certification #:	_____	Type:	_____
Date Acquired:	_____	Expiration Date:	_____
Have you ever had your license or certification suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever received a reprimand from your licensing or certification Board or regulatory entity? <input type="checkbox"/> Yes <input type="checkbox"/> No			

DRIVING RECORD

Do you have a current and valid driver's license?	
<input type="checkbox"/> Yes (Number and State) _____	<input type="checkbox"/> No
Have you ever had your driver's license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please give details _____	
Have you ever been denied auto insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List any moving violations in the last three (3) years for which you pled guilty/paid fine (examples would include auto accidents, speeding, reckless driving, driving under the influence of drugs or alcohol, etc).	
Date: _____	City and State: _____
Details: _____	

Please list your membership in job-related professional and/or civic organizations (include offices held and/or activities/projects in which you have participated)

_____	_____
_____	_____
_____	_____
_____	_____

Can you travel if a job requires? Yes No

Indicate any other name under which you have worked: _____

Are you a veteran of the U.S. Military Service? Yes No If yes, please indicate branch: _____

After review of the job description for this position, do you believe you are able to perform the essential functions of this position, with or without reasonable accommodations? Yes No

Personal References

(please do not list relatives)

*Please provide us with
DAYTIME PHONE NUMBERS FOR YOUR REFERENCES,
so that we will not experience delays in processing your application.*

Your Name: _____ Date: _____

Position(s) Applied For: _____

Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Other Phone #: _____ Email address _____	How long have you known this person? _____	This person's profession is: _____
Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Other Phone #: _____ Email address _____	How long have you known this person? _____	This person's profession is: _____
Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Other Phone #: _____ Email address _____	How long have you known this person? _____	This person's profession is: _____
Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Other Phone #: _____ Email address _____	How long have you known this person? _____	This person's profession is: _____
Name: _____ Address: _____ City, State, Zip: _____ Daytime Phone: _____ Other Phone #: _____ Email address _____	How long have you known this person? _____	This person's profession is: _____

BACKGROUND INFORMATION

Have you ever been convicted of or pled no contest (nolo contendere) to a felony? Yes No

Felony Degree (if known): _____

State: _____ County: _____ Date: _____

Explain _____

Sentence/Fine: _____

Have you ever been convicted of or pled no contest (nolo contendere) to a misdemeanor? Yes No

Misdemeanor Class (if known): _____

State: _____ County: _____ Date: _____

Explain _____

Sentence/Fine: _____

Have you ever been adjudicated as a juvenile for delinquent conduct? Yes No

State: _____ County: _____ Date: _____

Explain _____

Conviction does not necessarily disqualify applicants from employment. However, in the interest of safety of our students, employees and campus, no person will be hired or kept employed after the date of this application if that person has been convicted of:

- **A felony or Class A/B misdemeanor classified as an offense against the person or family**
- **A class A/B misdemeanor classified as public indecency**
- **A felony of any law intended to control the possession or distribution of any substance classified as a controlled substance by federal, state or local statutes**

Other offenses will be reviewed on a case by case basis.

Please list every state in which you have resided as an adult:

In compliance with the Clery Act, please note that the University of Mary Hardin-Baylor's campus crime and security report is made available to all faculty, staff and students (prospective and current) on an annual basis. This report may be found at http://www.umhb.edu/resources/campus_safety/about.html or you may request a printed copy by contacting the University Police Department, located at 816 College St., Belton, Texas, (254) 295-5555.

UNIVERSITY OF MARY HARDIN-BAYLOR

EMPLOYEE STATEMENT OF UNDERSTANDING

Mission Statement

The University of Mary Hardin-Baylor prepares students for leadership, service, and faith-informed discernment in a global society. Academic excellence, personal attention, broad-based scholarship, and a commitment to a Baptist vision for education distinguish our Christ-centered learning community.

GOALS

1. Broad-based Education:

- 1.1. Provide undergraduate curricula, which enable both traditional and non-traditional students to develop their potentials.
- 1.2. Provide graduate curricula which enable students to increase competencies in their fields of specialization.

2. Christian Faith and Intellectual Life:

- 2.1. Integrate Christian perspectives and attitudes into the development of character, relationships, vocation and service.

3. Service:

- 3.1. Develop and maintain effective relationships with the University's key constituents.
- 3.2. Provide appropriate physical facilities, equipment, and educational support services for students, faculty, staff, and administration.
- 3.3. Maintain economic stability essential to the University's successful operation.

4. Teaching Excellence:

- 4.1. Maintain a highly competent faculty, staff, and administration.
- 4.2. Assist students in preparation for their roles in a rapidly changing world.

5. Students as Individuals:

- 5.1. Recruit and retain a qualified and diverse student body.
- 5.2. Offer quality academic advising, career counseling, and personal counseling services.
- 5.3. Encourage appreciation for cultural diversity.

Acknowledgement and Agreement

The University of Mary Hardin-Baylor is distinctly Christian in purpose and accomplishment and maintains a cooperative relationship with the Baptist General Convention of Texas. By understanding the mission and goals of the University, prospective and current employees should be able to determine their compatibility within this work environment. The mission statement of the University must be fully understood and supported by each employee. Acceptance of this Employee Statement of Understanding is a condition of employment. Support of the mission statement and adherence to University policies and the employee contract or letter of appointment (if applicable to the position) are conditions of continued employment. The University is an equal opportunity employer and does not discriminate in employment transactions because of age, color, disability, gender, national origin, race or veteran status. The University is a non-profit Christian institution of higher learning and as such, reserves the right to discriminate in employment based on religion.

I certify that I have read, fully understand and accept all terms of the foregoing Employee Statement of Understanding.

Signature _____ **Date** _____

APPLICANT'S CERTIFICATION AND AGREEMENT

Please read carefully before signing

I understand and agree that:

- The receipt of this application does not imply any guarantee of employment, nor does it imply advancement to the interview phase of selection.
- If I misrepresent or deliberately omit any information on this application, I may be refused employment or if employed, I may be terminated.
- In consideration of my employment, I agree to comply with the Statement of Understanding, rules, regulations, philosophy, mission and policies of the University of Mary Hardin-Baylor.
- If a conditional offer of employment is made to me, I agree to submit to a reasonable pre-employment physical examination if required by a licensed healthcare provider, hospital and/or testing laboratory which is acceptable to the University. The examination may include drug testing. I hereby consent to the release of any information, especially protected health and medical information, gathered as a result of the examination, to the University of Mary Hardin-Baylor for the purpose of determining whether I am capable of safely performing the essential duties of my job. I also consent to physical searches of myself and any items in my custody or possession, provided that such searches are conducted reasonably and while on University property.
- If employed, I understand that no representative of the employer, other than the President of the University, has any authority to enter into any agreement, oral or written, for employment for any specific period of time or to make any agreement or assurance contrary to this policy.
- I grant the University of Mary Hardin-Baylor permission to investigate thoroughly my employment and personal history (which may include information concerning my character, criminal history, mode of living, general reputation, personal characteristics and related pertinent information). I hereby waive any claim which I might have against any person or entity for information provided in the course of such investigation. I understand that if I am licensed as a mental health services provider as defined by Texas law, the University will ask current and past employers to disclose any history or instance of improper sexual contact, exploitation or therapeutic deception by me and the University will report any such conduct by me at the request of any future potential employer.

I have read and agree to the above and hereby certify that the facts I have provided in my employment application are true and complete.

Signature _____ Date _____

This application will be retained for a period of one (1) year.