

**APPLICATION FOR ASSISTANTSHIP - HISTORY DEPARTMENT
SAM HOUSTON STATE UNIVERSITY**

Date _____

Deadlines: April 15 for Fall; November 15 for Spring

Application for position as Graduate Assistant starting in _____

Name in Full _____

Home Address _____

Phone _____

Email _____

EDUCATIONAL BACKGROUND

Include secondary school and complete record. If work is in progress toward a degree, indicate degree sought and anticipated date of conferral. Mark anticipated date with an asterisk (*).

Dates Attended	Institution/Location	Major/Minor	Degree	Year
		Major: Minor:		
		Major: Minor:		
		Major: Minor:		
		Major: Minor:		

This application should be submitted via email to Dr. J. Ross Dancy, Director of Graduate Studies, at jdancy@shsu.edu. In addition, the applicant should ensure that the following materials are on file in the History Department.

1. Complete transcripts of all previous college work.
2. One letter of reference from each of three persons (note information given later regarding references).
3. Score for Graduate Record Examination.

Scholastic and extracurricular honors in secondary and undergraduate schools:

MEMBERSHIPS

List memberships in (a) learned societies, (b) professional organizations, (c) technical societies, and (d) student organizations.

EXPERIENCE

List experience chronologically. Include part-time as well as full-time employment.

Dates	Name and location of institution or firm	Title, rank, department, or position

REFERENCES

List three people whom you are requesting to send personal references. Applicant must contact prospective references and ask them to mail their letter directly to the Graduate Director of the department to which you are applying. Two references should be from teachers you have had in your major field of study.

Name	Address	Position

PLAN OF STUDY

Indicate the type of degree you plan to earn and give a brief description of major training objectives. If you plan to earn a degree requiring the thesis, briefly outline the type of research you would do.

Pre-Offer Protected Veteran Self-Identification Form

This employer is a Government contractor subject to 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 contractors 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. These classifications are defined as follows:

(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.

☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED
VETERAN LISTED ABOVE

☐ I AM NOT A PROTECTED VETERAN

☐ I CHOOSE NOT TO SELF-IDENTIFY

Print Name

Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
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Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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.