

**Thank you for your interest in the position!!**



Job Description:

Before applying, please read below that you will be able to meet all of the job requirements.

1. You must be eligible to work in the United States and show proof, for entities outside of the Texas Tech University System.
2. You must be a current Texas Tech student or Alum.
3. You must meet the minimum shift requirement of 3 shifts per week, one shift being a weekend shift.
4. You must be able to work evening shift times.
5. You must have excellent communication skills.
6. You must have basic computer knowledge.

If you can meet these requirements then please complete the application and e-mail to:

**[mail.annualgiving@ttu.edu](mailto:mail.annualgiving@ttu.edu)**

OR

Bring by our offices in:

**Rawls College of Business, BA 61**

NAME (Last, First, M.I.)



DATE

When complete, please e-mail to: [mail.annualgiving@ttu.edu](mailto:mail.annualgiving@ttu.edu) or drop by our offices in the Rawls College of Business, BA 61

### APPLICATION FOR EMPLOYMENT

All the information below is required to be considered for employment. Please fill out completely.

NAME (Last, First, M.I.)	SOCIAL SECURITY NUMBER
STREET ADDRESS	HOME PHONE (      )
CITY, STATE, ZIP	CELL PHONE (      )
POSITION APPLYING FOR: <b>Non- Profit Representative</b>	DATE
EMAIL ADDRESS:	

RuffaloCODY Is An Equal Opportunity Employer (M/F/H/V)

RuffaloCODY  
Personal and Confidential

FOR INTERNAL USE ONLY

Interviewed by: _____	Date: _____
Interviewed by: _____	Date: _____
Interviewed by: _____	Date: _____

**PERSONAL DATA**

Last Name _____	First _____	Middle _____	Date _____
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No   If Yes: Month and Year _____  Location _____			Employment Preference: <input type="checkbox"/> Full-Time <input type="checkbox"/> Days <input type="checkbox"/> Part-Time <input type="checkbox"/> Evenings  <input type="checkbox"/> Either <input type="checkbox"/> Weekends
Have you ever been employed by RuffaloCODY? If yes, dates of employment _____ to _____  and position held _____			Date Available for Employment _____
Please indicate source of referral to RuffaloCODY <input type="checkbox"/> RuffaloCODY Employee <input type="checkbox"/> Private Employment Agency Name _____ <input type="checkbox"/> State Employment Agency <input type="checkbox"/> College Campus Recruiter <input type="checkbox"/> Contacted on Own <input type="checkbox"/> Newspaper Ad/Publication <input type="checkbox"/> Other _____ Name _____			Salary Requirement _____
			Preferred Location _____
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No  If applicable, Work Visa Number _____  Effective Dates _____ to _____			Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No  If no, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No

**EDUCATION**

Educational Institution	Name & Location Of Educational Institution	Years Completed		Degree	Major	Date Graduated
		From	To			
High School						
College/ University						
Business/ Technical School						
Other						

List any Professional/Technical Publications of which you are Author (title, place of publication, date). Patents or Professional Certifications/Licenses that you hold.

**MILITARY HISTORY**

Describe duties and any training received	Branch of Service
Rank at Discharge	Date of Final Discharge
	Period of Active Duty (Month/Year) From _____ To _____

**EMPLOYMENT HISTORY**

Please give complete, accurate full-time and part-time employment record. Beginning with your present or most recent employer. **Simply attaching a resume will not be sufficient.**

Employer Name	Starting Date	Ending Date
Address	Starting Position	Ending/Current Position
City, State, Zip	Starting Salary	Ending/Current Salary
Describe the Responsibilities of Your Position		
Name and Title of Immediate Supervisor	May We Contact? Yes No	Phone ( )
Reason(s) for Leaving		
Employer Name	Starting Date	Ending Date
Address	Starting Position	Ending/Current Position
City, State, Zip	Starting Salary	Ending/Current Salary
Describe the Responsibilities of Your Position		
Name and Title of Immediate Supervisor	May We Contact? Yes No	Phone ( )
Reason(s) for Leaving		
Employer Name	Starting Date	Ending Date
Address	Starting Position	Ending/Current Position
City, State, Zip	Starting Salary	Ending/Current Salary
Describe the Responsibilities of Your Position		
Name and Title of Immediate Supervisor	May We Contact? Yes No	Phone ( )
Reason(s) for Leaving		
Employer Name	Starting Date	Ending Date
Address	Starting Position	Ending/Current Position
City, State, Zip	Starting Salary	Ending/Current Salary
Describe the Responsibilities of Your Position		
Name and Title of Immediate Supervisor	May We Contact? Yes No	Phone ( )
Reason(s) for Leaving		

**SPECIAL SKILLS**

Data Processing	Hardware		
	Software		
Secretarial and Clerical	Office Machines/Word Processors You Can Operate		
	Typing Speed W.P.M.	Data Entry K.P.H.	Other
Additional Skills/Affiliations; Specialized Training; or Additional Languages			
Do you have any telemarketing experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of telemarketing did you perform? Choose which apply: <input type="checkbox"/> Survey/Market Research <input type="checkbox"/> Sales <input type="checkbox"/> Lead Generation <input type="checkbox"/> Fundraising <input type="checkbox"/> Other			

**REFERENCES**

Please list three professional references.

Name	Address	Home and Work Phone(s)	Occupation	Years Known
		H: W:		
		H: W:		
		H: W:		

Have you had any driving violations in the past 4 years? \_\_\_\_\_  
 If so, please give dates and nature of the violations: \_\_\_\_\_

Have you ever pled guilty or no contest to, been convicted of, or received a deferred sentence with respect to any crime, other than a simple misdemeanor? (You are not required to provide information about a conviction which has been annulled, expunged or sealed by a court.)  
 If YES, describe in full: \_\_\_\_\_

NOTE: Your conviction record will not necessarily disqualify you from employment.

**RuffaloCODY APPLICANT STATEMENT**

PLEASE READ CAREFULLY, SIGN AND DATE:

By signing below, I certify that misrepresentation or omissions in this application or in other information I give to RuffaloCODY orally or in writing may be cause for rejection or may be cause for subsequent dismissal if I am hired.

I voluntarily authorize RuffaloCODY to make investigations of my person, employment, and other related matters as may be necessary in arriving at any employment decision or verifying information related to my application. I hereby release from all liability all persons or entities supplying or collecting such information. If I am offered employment, I understand the offer is contingent on the outcome of any investigations or reference check satisfactory to RuffaloCODY

If I am employed, I understand that I may be required to sign agreements regarding noncompetition and regarding secrecy of communications and inventions, discoveries, or developments that I make, discover, or develop during my employment at RuffaloCODY.

In accordance with RuffaloCODY policy to maintain a drug-free workplace, employees may be subject to drug testing throughout their employment in accordance with the law. I hereby agree to drug testing as required by RuffaloCODY policy and release RuffaloCODY from all liability arising from such testing.

I understand that my employment is contingent on my successful compliance with all employment eligibility verification requirements of the Immigration Reform and Control Act of 1986.

If I am employed, I understand that my employment is "at will" and for no definite period of time. Either RuffaloCODY or I may terminate my employment at any time, with or without cause and with or without notice. I further understand that my employment is at will regardless of any statement made by a RuffaloCODY agent or employee or in a RuffaloCODY policy, practice, handbook, program, or any other written or oral materials. I understand that no representatives of RuffaloCODY other than the President of RuffaloCODY have the authority to make arrangements with me concerning the length of my employment. Such agreements must be in writing and signed by the President of RuffaloCODY.

SIGNATURE OF APPLICANT

DATE

RuffaloCODY and all affiliated companies afford equal opportunity in employment to all qualified persons regardless of race, color, religion, sex, age, national origin, sexual preference, disability, veteran status, or any other factors prohibited by law. Discrimination in employment practices is prohibited by federal and state laws.