

**2012 Longhorns Tennis Camp
Coaching Questionnaire**

Name: _____ Cell phone: _____ email: _____

Address: _____

City: _____ State: _____ Zip: _____

Do you or did you play college tennis? Yes / no If yes, Where and when? _____

Talk a little about your tennis background. Describe your level of playing experience

Talk a little about any coaching experience you may have

Why do you want to coach at the Longhorns Tennis Camp?

What can you bring to the table as a coach at this year's Longhorn Tennis Camp?

Note: This is not a complete application, but rather a brief questionnaire for those interested in coaching. Should you be selected, you will be required to complete the official application, as well as pass a background check and complete a state-mandated Training for Youth Camp Employees program (all paid for by the LTC).



Information requested is used for insurance eligibility and the faculty/staff directory. Only use this form if you **do not** have access to Y18 in *define or access to web page <https://utdirect.utexas.edu/pnbiog>. Return the completed form to the Human Resource Service Center, NOA 2.200, Mail Code J5600.

First name Middle name Last name

UT EID E-mail Home phone

Street address

City State Zip code

Office Location

Primary location

Building Room Office phone

Secondary location

Building Room Office phone

Pager Fax Campus mail code

Emergency Contacts

Primary contact

Name Relationship

Phone 1 Phone 2

Secondary contact

Name Relationship

Phone 1 Phone 2

Teaching Experience

Please indicate the years of HIGHER education teaching experience you have (excluding TA experience)

Total years of teaching experience _____

Total years of teaching experience at UT Austin _____

Former Foster Children

Are you less than the age of 25 and an orphan under permanent managing conservatorship of the Department of Family and Protective Services (DFPS)?

Yes No

Information Release -- Do Not Release My... (Mark all that apply)

- Social Security Number
- Family Information
- Home Address(es)
- Home Phone Number(s)
- Emergency Contact

Ethnicity

Are you Hispanic? Yes No

Race (check all that apply)

- American Indian/Alaskan native
- Asian
- Black
- Native Hawaiian/Pacific Islander
- White

Gender Male Female

Education

Indicate highest level of education achieved.

- Less than high school
- High school diploma/GED
- Associate's degree
- Certificate of completion
- Bachelor's degree
- Master's degree
- Professional degree (LLB, JD, ThD, PharmD)
- Doctorate (PhD, EdD)
- Medical degree (MD, DVM, DDS)

Highest degree abbreviation _____

Signature of employee EID Date form signed Year degree completed

Clearly print all information. Provide all information requested. This information is used for identification purposes only. Return this document to **your department**, not HRS.

First name _____ Middle name _____ Last name _____ Suffix _____ Maiden/Alias name(s) (if applicable) _____
Years at this address: _____

Present street address (No P.O. Boxes) _____ City _____ State _____ Zip code _____
Years at this address: _____

Previous street address (No P.O. Boxes) _____ City _____ State _____ Zip code _____

Gender: Male Female

Current phone _____ Drivers license /ID number (include state) _____ Social Security number _____ UT EID _____ Date of birth (MM/DD/YYYY) _____

California, Minnesota, New York, and Oklahoma applicants only: Please check here to have a copy of your consumer report sent directly to you. Only those applicants who are receiving a vendor background check can request a copy.

Authorization to conduct background check

I hereby authorize The University of Texas at Austin and/or its agent to furnish The University of Texas at Austin my consumer, criminal, driving, and other related reports to include education, license, and certification information in connection with my employment or potential employment (including contract for services) with The University of Texas at Austin. I do hereby release all agents, servants, and employees of The University of Texas at Austin, the person in charge of such law enforcement agency or department and all members of such law enforcement agency or department from all liability resulting from the furnishing of this information to The University of Texas at Austin.

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 will void my access to The University of Texas at Austin.

Signature of applicant _____ Date _____

This section to be completed by the department

Important Instructions: Fax the completed form to 512-475-6883, or mail to Human Resource Services, Employee Records at the address below. The department account number specified below will be charged for processing this request. Please use a sub-account ending between 50 and 59.

Identity has been confirmed by hiring department

Camp Worker-Flat Rate _____ Hiring department witness _____ Special handling request _____
 n/a n/a n/a

Job title of hire _____ Job Code _____ Recruiting job no. (if applicable) _____ Position ID _____ Department and hiring unit code _____
 19-9060-8450 Kelli Saldana _____

Department account number _____ Department contact name _____ Department contact phone _____
 fgh72 ; awpsb ; ks43 _____

Department EIDs (three maximum)

Authorized signature for department _____

For HRS use only	Date	Initials	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible	Date	Initials	<input type="checkbox"/> Eligible <input type="checkbox"/> Ineligible
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Human Resource Services · mailcode J5600 · P.O. Box V · Austin, Texas 78713-8922
 phone 512-471-4772 · fax 512-475-6883 · www.utexas.edu/hr

For HRS use only. V

Notice Concerning Your Information The Texas Public Information Act, with a few exceptions, gives you the right to be informed about the information that The University of Texas at Austin collects about you. It also gives you the right to request a copy of that information; and to have the University correct any of that information that is wrong. You may request to receive and review any of that information, or request corrections to it, by contacting the University's Public Information Officer, Office of Financial Affairs, PO Box 8179, Austin, Texas, 78713, e-mail: efo@www.utexas.edu.

Disclosure of Social Security numbers (SSN) is requested from you in order for The University of Texas at Austin to complete a background check. No statute or other authority requires that you disclose your SSN for that purpose. Failure to provide your SSN, however, may result in dismissal or ineligibility to be hired. Further disclosure of your SSN is governed by the Public Information Act (Chapter 552 of the Texas Government Code) and other applicable law.



Criminal History Disclosure Form

Form EM 150D - Revised 6/2011

This form is used only in conjunction with a background check form.

Criminal Conviction Record

The University of Texas at Austin has an obligation to provide a safe environment for all members of the UT Austin community and to protect the property of UT Austin. For these reasons, all job applicants must provide and certify their complete adult criminal conviction record. **This includes any conviction and/or deferred adjudications where the final disposition is still pending (i.e. the original charge has not been judicially dismissed) from the age of 17 until now.** Before an applicant is referred to or hired for a specific job vacancy, the recency, severity and direct job relatedness of his or her conviction(s) are compared to the functions of the vacant position. Based on that review, an applicant may not be referred, or hired. However, a criminal conviction DOES NOT necessarily disqualify an individual from being hired.

If an individual is hired into a security sensitive position, a conviction verification is conducted. **If the verification results show that false statements, including omission(s), were made by the applicant on his or her adult criminal conviction record, then his or her application for employment, as well as any actions based on it, will be voided and the person will not be eligible for future employment with The University of Texas at Austin.**

If you have any criminal convictions (misdemeanors and/or felonies) or deferred adjudications where the final disposition is still pending (i.e., the original charge has not been judicially dismissed from the age of 17 until now), **complete the information below and list all information from the oldest to the most recent** (for additional space, please request an additional form).

Date of conviction	Location of conviction	Name of court	Mark appropriate box	Nature of conviction
MM/YYYY	City, State			No abbreviations
_____	_____	_____	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/> Deferred adjudication	_____
_____	_____	_____	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/> Deferred adjudication	_____
_____	_____	_____	<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony <input type="checkbox"/> Deferred adjudication	_____

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 shall be grounds for refusal to hire or, if hired, termination. I understand any current or former employment at The University of Texas at Austin must be disclosed on my application. I understand that any offer of employment is contingent upon my agreement to abide by the rules and regulations of The Board of Regents of The University of Texas System.

I hereby authorize The University of Texas at Austin or any law enforcement agency to furnish to The University of Texas at Austin my criminal conviction record for a deferred adjudication, misdemeanor or felony offense at age 17 or older. I do hereby release all agents, servants, and employees of UT Austin, the person in charge of such law enforcement agency or department and all members of such law enforcement agency or department from all liability resulting from the furnishing of this information to The University of Texas at Austin.

I authorize The University of Texas at Austin to communicate with persons listed as references, former employers, and any others with whom you desire to check. I agree to hold such persons harmless with respect to any information they may give about me.

Signature of employee _____ Date _____

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