

Trainer Application

	AP	PLICANT INFORMAT	ION
Employee Name:	Last	First	Middle
Phone Number:			
Email Address:			
Emp. ID or last 4 digits of SSN:			
Course #:			
Class Name:			
Start Date:			
End Date:			
		TRAINER AGREEMEN	
and agreed that (1) student enrollment,	TSC does not guar , (2) Employment is o implied expecta	rantee any assignments res s "at will" and may be term	ge pay rate guidelines. It is understood sulting from schedule changes or low ninated at any time with or without be hired in the future by TSC.
☐ I am workin	-	in TSC during this assignm sion within TSC during this	nent. s assignment (HR Approval and
Employee Signature			Data
Employee Signature			Date

Texas Southmost College Revised on 9/05/2018

	FOF	R BUDGET USE ONLY
Department Name:		Program Name:
Budgeted Salary:	\$	
Cost Center:		
GL Account:		
Projected # of hours	to be worked:	
Date:		
	☐ Pa	y Semi-Monthly
Budget Verification S	ignature: 	
Rate of pay: \$		Project End Date:
Explain:		
		APPROVALS
Regarding		lation does not conflict with College district policies Supervisory capacity. Cemployee.
Associate Vice Presid	lent of WCTE	Date

FOR HR USE ONLY: □ Official Transcripts if applicable □ Criminal Background (CBC)

The College District prohibits discrimination, including harassment against any employee on the basis of race, color, religion, gender, national origin, age, disability or any other basis prohibited by law.

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