

Application for Employment

It is the policy of Shawnee State University that employment decisions are based on merit, qualifications, and competence. Except when required or permitted by law, employment practices will not be influenced or effected by virtue of an applicant's or employee's race, color, age, sex, marital status, veteran status, religion, creed, national origin, ancestry, handicap, or any other characteristic protected by law. In addition, it is our policy to provide an environment that is free of unlawful harassment of any kind, including that which is sexual, age-related, or ethnic. This policy governs all aspects of employment, evaluation, promotion, assignment, discharge, and other terms and conditions of employment.

Answer all questions. — Please print or type.

Date of application: _____

Last Name First Name M. I.

Address City State Zip

Telephone Number Email Address

Position Applied for: _____	Salary Requested: _____
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Type of Position Requested: Full-time Part-time Regular Temporary

Date available to start work Days/hours available to work

What brought you to Shawnee State? Newspaper Ad Friend/Employee Referred
 Employment Agency Walk-in
 H.S. or Tech School College Recruitment
 State Employment Service Business Referred
 Unsolicited Employment Agency-Minority

Were you ever employed by Shawnee State? Yes No If yes, please complete:

Title Department From To

Do you have any relatives working here? Yes No If yes, please state:

Name Department

Employment Record

List last four employers, starting with current or most recent. Include self-employment, military service, and part-time jobs. May also include job-related volunteer experience.

1.

Present or Last Employer	Address	City	State	Zip
From: _____ Mo/Yr	To: _____ Mo/Yr	Supervisor's Name & Phone Number	Hourly Rate/Salary	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Job Title(s) _____ Reason for Leaving _____

Description of Duties _____

2.

Present or Last Employer	Address	City	State	Zip
From: _____ Mo/Yr	To: _____ Mo/Yr	Supervisor's Name & Phone Number	Hourly Rate/Salary	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Job Title(s) _____ Reason for Leaving _____

Description of Duties _____

3.

Present or Last Employer	Address	City	State	Zip
From: _____ Mo/Yr	To: _____ Mo/Yr	Supervisor's Name & Phone Number	Hourly Rate/Salary	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Job Title(s) _____ Reason for Leaving _____

Description of Duties _____

4.

Present or Last Employer	Address	City	State	Zip
From: _____ Mo/Yr	To: _____ Mo/Yr	Supervisor's Name & Phone Number	Hourly Rate/Salary	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

Job Title(s) _____ Reason for Leaving _____

Description of Duties _____

Education

Name	City and State	Curriculum/Major	Degree/Diploma/Certificate
High School			
College/University			
College/University			
Trade/Vocational			
Business			
Other			

List any scholarships, academic honors, or special achievements: _____

Indicate office machine skills you have required through training and/or experience, if applicable:

- Typing speed _____ WPM
- Phone systems _____
- Word processor (model and make) _____
- Calculator/10-key adding machine
- Software packages _____
- CRT or personal computer
- Other (specify) _____

Summarize other special skills and qualifications relating to the position for which you are applying:

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Are you legally permitted to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime other than a misdemeanor? If yes, please state date, and nature of the conviction: _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer for references?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your previous employer for references?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been known by any other name(s) that our institution may require to verify your education and employment records as furnished in this application? If yes, identify name(s): _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please be sure to read the following statements carefully and sign the application.

I understand and agree that if I am employed by Shawnee State University, my employment is for no definite period of time. It can be terminated, with or without cause or notice at any time, at the option of Shawnee State University or myself. I understand that no representative of Shawnee State University, other than the President, has any authority to enter into any agreement for my employment for any specified period of time or to make any agreement with me contrary to the foregoing, except that the President of Shawnee State University may do so in writing.

I authorize investigation of all information I have disclosed herein so that you may be provided with relevant information concerning my previous education and employment background. I release all parties from liability for any damage that may result from furnishing this information to you. This release extends to all pertinent information, personal or otherwise.

I certify that all of the information contained in this application is true and complete to the best of my knowledge and I understand that, if I am employed, any statements I have falsified on this application shall be grounds for dismissal.

I understand that if employed by Shawnee State University, I will be required to abide by all University policies, standards, and regulations.

I understand my signature authorizes a background check to be conducted prior to a job offer.

Signature

Date