



Application For Employment

Please Read

Date of Application _____

An Equal Opportunity Employer And Educator

Before completing this application, you are advised that work schedules and duties may be modified from time to time at the convenience of the University. You are further advised that alternate similar job functions may be assigned during those periods when school is not in session. Completion of this form indicates an acceptance of these conditions.

Personal

Please Print:

Last Name	First	Middle	Social Security Number
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Address	Number & Street	City	State	Zip Code	Telephone
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Length of Time at Present Address	Previous Address
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Notify in Emergency	Name	Are you 18 years of age or over? Yes ___ No ___
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Address	Telephone
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Have you ever been convicted of a crime or violation other than a minor traffic infraction? Yes ___ No ___
(A conviction record will not necessarily be a bar to employment. Factors such as job relations, age and time of the offense, seriousness and nature of violation and rehabilitation will be taken into account.) If yes, please explain:

Job Interest

Position desired	Salary expected (per month)	Date available
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Other positions for which qualified?

Who interested you in us or who referred you to us?

Names of relatives employed by the University.

Have you ever been employed by or applied for employment at this University? If yes, when and where?

Education

Circle highest grade completed in each category

High School

College

9 10 11 12 1 2 3 4 5 6 7 8

Name of high school	Course	Class Rank
Location: Number & Street	City	State Zip Code

Name of college	Degree Major	Year Grad.	Class Rank
Location: Number & Street	City	State	Zip Code

Name of business, apprentice or vocational school	Course	Year Grad.	Class Rank
Location: Number & Street	City	State	Zip Code

Are you studying now?	What?	Where?
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Word processing/typing (words per minute)

Software Capabilities:

Other Training or Skills:

Check (X) any equipment you are now capable of operating:

- () Typewriter () Dictaphone () Calculating Machine () Other Machine (please specify)
- () Computer System(s) () Word Processing/Typing

Military

Branch of U.S. Service	Service Schools or Special Experience
Selective Service Number & Classification	Reserve or National Guard Status
Local Board Number & Address	

Employment History

List all employment for last ten years. Begin with most recent first and account for any lapses in employment.

Name of Employer	Address	Dates From: To:
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Job Title	Department	Name of Supervisor
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Describe Major Job Duties

Monthly Salary Starting	Final	Reason for Leaving
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Name of Employer	Address	Dates From: To:
------------------	---------	--------------------

Job Title	Department	Name of Supervisor
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Describe Major Job Duties

Monthly Salary Starting	Final	Reason for Leaving
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Name of Employer	Address	Dates From: To:
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Job Title	Department	Name of Supervisor
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Describe Major Job Duties

Monthly Salary Starting	Final	Reason for Leaving
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May we contact your present employer?

References

List the name of three personal references who know you well
such as co-workers, clergy or neighbors.

Name	Occupation	How long has he or she known you?
Street & City Address		Telephone
Name	Occupation	How long has he or she known you?
Street & City Address		Telephone
Name	Occupation	How long has he or she known you?
Street & City Address		Telephone

Remarks (Use this space to provide any additional information you feel will assist us in evaluating your qualifications for employment.)

I hereby certify that, to the best of my knowledge, the answers to the foregoing questions and statements are true and correct. If anything contained in this application is found to be untrue, I understand I will be subject to dismissal at anytime during my employment. I further understand that employment may be contingent upon my passing a physical examination to the satisfaction of the University medical examiner. If employment is obtained under this application I will comply with all the rules and regulations of the University. I authorize my former employers to release any information they may have regarding me. I also authorize The University of Findlay to obtain any credit, criminal, driving and educational information pertaining to me. I understand this application is valid for twelve months only. I also understand that an offer of employment and continued employment with the University are contingent upon satisfactory proof of my authorization to work in the United States of America.

Signature of Applicant _____

Date _____

Do not write in this space - comments:

Interviewed by: _____

Date: _____

The University does not engage in discrimination in its programs, activities and policies against students, prospective students, employees or prospective employees, on account of race, color, religion, sexual orientation, marital status, height and weight, ethnic or natural origin, age, non-disqualifying handicap, genetic information, or sex. Such policy is in compliance with the requirements of Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, the Rehabilitation Act of 1973, and all other applicable federal, state and local statutes, ordinances and regulations. If you are an applicant with a disability, you may request any needed accommodation for this application process. It is your responsibility to inform The University of Findlay of such accommodation.