



University of Findlay®

Meaningful Lives. Productive Careers.

STAFF & ADMINISTRATIVE APPLICATION

Thank you for your interest in a posted staff/administrative position at the University of Findlay.

To be considered for this position, please provide the following documents:

1. Résumé

2. Application for Employment (*attached*)

- Complete this application by typing your responses (and checking boxes as needed). You may also print this document and fill it in by hand.
- Applications must be signed (electronically or by hand) on page 4 in order to be processed.

*Any data considered **confidential** will NOT be included in the file passed on to the hiring committee. This includes, but is not limited to, Social Security Number, Birthdate, Marital Status, Headshot Photograph, Gender, Race, Disability/Veteran's Status.*

Please note: We store and disseminate your file electronically whether we receive it via email, standard mail, or fax. Page 9 has options to help you save these documents to your computer or print these documents to your printer.

University of Findlay
1000 N. Main St.
Findlay, OH 45840
HR@findlay.edu
419-434-6964
419-434-5976 Fax

Windows Users: To complete this application, we recommend you first save this file to your computer, then open the saved file with Adobe Acrobat Reader DC (a free download at <https://get.adobe.com/reader/>) to enter your information.

Mac Users: If you fill out the application in Preview, remember to choose Print from the File menu and then use the dialog box's PDF option to save it as a PDF.

Application For Employment

University of Findlay is an Equal Opportunity Employer/
Affirmative Action Employer Male/Female/Disabled/Vet.

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

Last Name	First Name	Middle Initial
Address	City	State Zip Code Telephone
Length of Time at Present Address	E-Mail Address	
Notify in Emergency (Name Only)	Telephone	Are you 18 years of age or over? Yes ___ No ___

Have you ever been convicted of a crime or violation other than a minor traffic infraction? Yes ___ No ___

If yes, please explain:

(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.)

Job Interest

Position(s) desired *(please include requisition number listed on job posting - see <http://www.findlay.edu/offices/businessaffairs/humanresources/>)*

Salary expected (per month) Date available 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?

Who interested you in us or who referred you to us? *Please choose one:*

Please specify recruitment source:

Employment History

Begin with most recent first and account for any lapses in employment.

Name of Employer	City & State	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	May we contact your present employer?	Reason for Leaving
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Name of Employer	City & State	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
---	--------------------

Name of Employer	City & State	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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References

List the names of three references.

Name	Occupation	How long has he or she known you?
E-Mail Address		Telephone
Name	Occupation	How long has he or she known you?
Email Address		Telephone
Name	Occupation	How long has he or she known you?
Email 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 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.

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 disability, genetic information, sex, or gender identity.

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, Executive Order 11246, 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.

Signature of Applicant _____

Date _____

mm/dd/yyyy

Required Information:

First & Last Name

Position(s) for which you are applying

Date of Application
mm/dd/yyyy

Voluntary Information:

Gender:

Male Female

Ethnicity (select one):

Hispanic or Latino — A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race (*if you select this option no additional choices are necessary*).

Not Hispanic or Latino

Race (select as many as apply):

American Indian or Alaska Native — A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American — A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander — A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

I don't wish to answer.

Providing this information is voluntary. Data collected will be handled confidentially to the extent allowed by law.

Disclosure of this information will not result in any adverse employment action.

University of Findlay is committed to non-discrimination, equal employment opportunity, and affirmative action. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation or identity, national origin, disability status or protected veteran status.

Required Information:

First & Last Name

Position(s) for which you are applying

Date of Application
mm/dd/yyyy

Voluntary Information:

University of Findlay is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "**disabled veteran**" is one of the following:

- a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
- a person who was discharged or released from active duty because of a service-connected disability.

A "**recently separated veteran**" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.

An "**active duty wartime or campaign badge veteran**" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.

An "**Armed forces service medal veteran**" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Please select one of the boxes below:

I identify as one or more of the classifications of protected veteran listed above.

I am not a protected veteran.

I don't wish to answer.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.