

Application for Employment

Position You Are Applying For _____

Desired Salary _____

Date Available for Work: _____

PERSONAL INFORMATION

| | | |
|--|-------------------|-----------------------|
| Last Name _____ | First Name _____ | Middle _____ |
| Address _____ | City _____ | State _____ Zip _____ |
| Home Phone: _____ | Cell Phone: _____ | Email address: _____ |
| Social Security Number: _____ | | |
| Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If selected for employment are you willing to submit to a pre-employment drug screening test? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

EDUCATION

| School Name | Location | Years Attended | Degree Received | Major |
|-------------|----------|----------------|-----------------|-------|
| | | | | |
| | | | | |
| | | | | |

Other training, certifications or licenses held: _____

EMPLOYMENT

| | |
|---|-----------------------------|
| Employer: _____ | Dates Employed: _____ |
| Work Phone: _____ | Pay Rate: \$ _____ to _____ |
| Address: _____ | |
| City: _____ | State: _____ Zip: _____ |
| Position: _____ | |
| Duties Performed: _____ | |
| Supervisors Name and Title: _____ | |
| Reason for leaving: _____ | |
| May we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

REFERENCES

| Name | Title | Company | Phone |
|------|-------|---------|-------|
| | | | |
| | | | |
| | | | |

Acknowledgement and Authorization

- I certify that all answers given herein are true and complete to the best of my knowledge.
- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant _____ Date _____

PERSONAL INFORMATION

General Information

Name: _____
Address: _____
City/State/Zip: _____
DOB: _____
SSN #: _____
Email: _____
Telephone: _____ Cell: _____ Work: _____

Emergency Information

Notify/Relationship: _____
Address: _____
City/State/Zip: _____
Telephone: _____ Cell: _____ Work: _____
Email: _____

Notify/Relationship: _____
Address: _____
City/State/Zip: _____
Telephone: _____ Cell: _____ Work: _____
Email: _____

School Information

School Name: _____ Phone: _____
Address: _____
City/State/Zip: _____
International Student Officer
Name: _____ Email: _____
Program Name: _____ Phone: _____
Year of Graduation: _____