



**ALLEN  
UNIVERSITY**

# EMPLOYMENT APPLICATION

It is the policy of Allen University to provide equal employment to all qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of a medical examination, which may include providing body substance samples. This application will remain active for 180 days.

<b>P E R S O N A L</b>	Last Name			First	Middle	Date
	Street Address					Home Telephone ( )
	City, State, Zip					Business Telephone ( )
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____					Social Security #
	Position Desired					Minimum Salary Expected
	Can you meet attendance requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No					Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?					When will you be available to begin work?
	Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide _____					A B C D E F M G
	State		Number	Expiration Date	Class	
	List special skills, licenses and certificates which are related to the job you seek (languages, computer, etc.)					

<b>E D U C A T I O N</b>	School	Name and Location	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

# WORK EXPERIENCE

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job-related volunteer work, if applicable. Provide an explanation for any gaps in employment. All information in this section must be complete. A resume may be attached, but not substituted for completing this section.

1. Name of Present or Last Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per Week \_\_\_\_\_ Salary \_\_\_\_\_  
May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Job Duties (give details):

Reason for Leaving:

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2. Name of Present or Last Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per Week \_\_\_\_\_ Salary \_\_\_\_\_  
May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Job Duties (give details):

Reason for Leaving:

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3. Name of Present or Last Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_ Hours per Week \_\_\_\_\_ Salary \_\_\_\_\_  
May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Job Duties (give details):

Reason for Leaving:

4. Name of Present or Last Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Hours per Week \_\_\_\_\_ Salary \_\_\_\_\_  
May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Job Duties (give details):

Reason for Leaving:

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5. Name of Present or Last Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Hours per Week \_\_\_\_\_ Salary \_\_\_\_\_  
May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Job Duties (give details):

Reason for Leaving:

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6. Name of Present or Last Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Hours per Week \_\_\_\_\_ Salary \_\_\_\_\_  
May we contact this employer? Yes \_\_\_\_\_ No \_\_\_\_\_

Job Duties (give details):

Reason for Leaving:

# ADDITIONAL INFORMATION

Membership in professional and civic organizations, special accomplishments, awards, etc.  
(Exclude those which may disclose your race, color, religion, age or national origin)

Have you ever been convicted of a criminal offense?  Yes  No

Note: Omit minor vehicle violations and any offense committed before your 17<sup>th</sup> birthday, which was finally adjudicated in juvenile court or under a youthful offender law.

If yes, please list charge(s) \_\_\_\_\_

Where Convicted	Date	Disposition/Status
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Have you ever been terminated or forced to resign from any job?  Yes  No If yes, explain \_\_\_\_\_

Can you perform the essential functions of the job with or without reasonable accommodations?  Yes  No

Have you ever been warned, disciplined, or discharged for sexual harassment, fighting, assault, or related offenses?  Yes  No

Give the name of three people, not relatives, who are familiar with your work.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Authority to Release Information:** By my signature, I consent to the release of information to authorized officers and agents of Allen University which may include but not limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and/or any personnel record deemed necessary. In addition, I consent to authorize appropriate officers and agents of Allen University to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organizations, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Certification of Applicant:** By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**This application is not an employment agreement.** I understand and agree that, if hired, my employment is AT-WILL. THIS MEANS THAT, IF HIRED, EITHER THE COMPANY OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY REASON. I understand that no one, other than the President of the University, has authority to enter into any employment agreement with terms contrary to the foregoing, and such may be in writing.

I fully understand and accept all terms and conditions in the above statement.

Signature \_\_\_\_\_ Date \_\_\_\_\_