



STAFF EMPLOYMENT APPLICATION

Holy Names University is an Equal Employment Opportunity employer. Hiring decisions are made without regard to an applicant's race, color, creed, sex, religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics, actual or perceived sexual orientation or veteran status. No question is intended to secure information to be used for such discrimination.

| PERSONAL INFORMATION | |
|--|---|
| Name: Last First Middle | Telephone Number Home: Alternate: |
| Address - Street, City, Zip: | Email Address: |
| Position Applying for: | Available Start Date: |
| How did you learn about the position for which you are applying? | |

| GENERAL INFORMATION | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Are you able to, after employment, submit verification of your legal right to work in the United States? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If under 18, are you able to you submit a work permit upon beginning employment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever applied to or worked for Holy Names University previously? <i>(If yes, please indicate date(s) and position(s) in the comment space below).</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any friends or relatives employed by Holy Names University? <i>(If yes, please indicate name(s) and relationship(s) in the comment space below).</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you used another name while working or attending school? <i>(If yes, please indicate name(s) in the comment space below).</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Can you perform the essential functions of the position for which you are applying, with or without reasonable accommodation? <i>(If a reasonable accommodation is required, please detail in the comment space below. Note, we comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees. Hire may be subject to passing a medical examination, and to skill and agility tests.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments: | | |

EDUCATION

All information must be completed, even if indicated on your resume.

| Level | Name & Address | No. of years completed | Did You Graduate? | | Degree or Diploma? Please Specify | Area of Study |
|-----------------------------|----------------|------------------------|-------------------|----|--------------------------------------|---------------|
| | | | YES | NO | | |
| High School | | | | | | |
| College or Technical School | | | | | | |
| Graduate School | | | | | | |

List any certificates or licenses you hold that may help qualify you for this position:

List any job-related professional or technical organizations to which you belong: *(Exclude those which indicate race, color, creed, sex, religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition, actual or perceived sexual orientation or veteran status of its members):*

REFERENCES

List below three (3) persons not related to you, who have knowledge of your work performance within the last three (3) years and who we may contact.

| | | | |
|----|---------|------------------|---------------------|
| 1. | Name | Occupation | Relationship to You |
| | Address | Telephone Number | Email Address |
| 2. | Name | Occupation | Relationship to You |
| | Address | Telephone Number | Email Address |
| 3. | Name | Occupation | Relationship to You |
| | Address | Telephone Number | Email Address |

SKILLS

Office Equipment you use:

| | | | |
|-------------------------------------|-------|--------|--------|
| Language fluency other than English | Read: | Write: | Speak: |
|-------------------------------------|-------|--------|--------|

EMPLOYMENT HISTORY

Beginning with your most recent or present job, list all employment for the last 10 years, including reasons for any gaps in employment. You may refer to your resume for information requested in the "description of responsibilities" section. However, all other information must be completed. In addition, please attach your resume if you have not already submitted it.

| | | | | | |
|---------------------------------|-----------------|--------------------|-----------|------------------------|--|
| NAME OF EMPLOYER | | TYPE OF BUSINESS | | | |
| ADDRESS | | CITY | STATE | ZIP | |
| PHONE | MAY WE CONTACT? | NAME OF SUPERVISOR | | SUPERVISOR'S JOB TITLE | |
| FROM (M/Y) | TO (M/Y) | STARTING PAY | FINAL PAY | JOB TITLE (LAST) | |
| DESCRIPTION OF RESPONSIBILITIES | | | | | |
| | | | | | |
| REASON FOR LEAVING | | | | | |
| NAME OF EMPLOYER | | TYPE OF BUSINESS | | | |
| ADDRESS | | CITY | STATE | ZIP | |
| PHONE | MAY WE CONTACT? | NAME OF SUPERVISOR | | SUPERVISOR'S JOB TITLE | |
| FROM (M/Y) | TO (M/Y) | STARTING PAY | FINAL PAY | JOB TITLE (LAST) | |
| DESCRIPTION OF RESPONSIBILITIES | | | | | |
| | | | | | |
| REASON FOR LEAVING | | | | | |
| NAME OF EMPLOYER | | TYPE OF BUSINESS | | | |
| ADDRESS | | CITY | STATE | ZIP | |
| PHONE | MAY WE CONTACT? | NAME OF SUPERVISOR | | SUPERVISOR'S JOB TITLE | |
| FROM (M/Y) | TO (M/Y) | STARTING PAY | FINAL PAY | JOB TITLE (LAST) | |
| DESCRIPTION OF RESPONSIBILITIES | | | | | |
| | | | | | |
| REASON FOR LEAVING | | | | | |
| NAME OF EMPLOYER | | TYPE OF BUSINESS | | | |
| ADDRESS | | CITY | STATE | ZIP | |
| PHONE | MAY WE CONTACT? | NAME OF SUPERVISOR | | SUPERVISOR'S JOB TITLE | |
| FROM (M/Y) | TO (M/Y) | STARTING PAY | FINAL PAY | JOB TITLE (LAST) | |
| DESCRIPTION OF RESPONSIBILITIES | | | | | |
| | | | | | |
| REASON FOR LEAVING | | | | | |

Please Read Carefully, Initial Each Paragraph and Sign Below

Initials

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials

I hereby authorize Holy Names University to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the University any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the University, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials

I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the University. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the University, and that no promises or representations contrary to the foregoing are binding on the University unless made in writing and signed by me and the University's designated representative.

Initials

Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the University, I am entitled to copies of any such public records obtained by the University unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Date

Applicant's signature