



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:
Present Address:			Email Address:
Position Applying for:			Available Start Date:
			Desired Salary:
How did you learn about the position for which you are applying? Online Posting _____ HNU Site HNU Employee Referral Other _____			

GENERAL INFORMATION		
	Yes	No
1. Are you able to, after employment, submit verification of your legal right to work in the United States?		
2. If under 18, are you able to you submit a work permit upon beginning employment?		
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>		
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>		
5. Have you used another name while working or attending school? <i>(If yes, please indicate name(s) in the comment space below).</i>		
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>		
7. Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? <i>(If yes, please explain in the comment space below. Exclude any sealed, expunged, or statutorily eradicated convictions. Convictions for marijuana-related offenses that are more than two (2) years old need not be listed). A Conviction will not necessarily disqualify you for employment).</i>		
Comments:		

EDUCATION

All information must be completed, even if indicated on 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:
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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					
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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



**APPLICANT EQUAL EMPLOYMENT OPPORTUNITY
SELF IDENTIFICATION FORM**

Holy Names University is an equal opportunity employer. We are required to maintain and monitor an equal opportunity and affirmative action program, and report the results to the federal government. By identifying your sex, race or ethnicity, and disability status on this form, you help us collect information needed to comply with these reporting requirements.

Your submission of this information is voluntary. The information you provide in this form will not be used to determine your eligibility or qualification for employment.

The information you provide is used to evaluate whether HNU is in compliance with laws that prohibit the discrimination or harassment of any person seeking employment on the basis of sex, race, color, national origin, or physical disability.

When we receive this form, we will immediately place it in a confidential file separate from your application. If you wish, you may mail this form to us separate from your application.

Name (Last, First, Middle Initial)	Date	Position You Applied For
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RACE/ETHNICITY

Your response to this survey is voluntary. Please read each section thoroughly and answer each question to the best of your ability.

Please check one space only.

Hispanic or Latino- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

For Persons of Non-Hispanic Race/Ethnicity:

Please check one space only.

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 attachment.

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.

Two or More Races

GENDER/SEX

Male Female

DISABILITY STATUS

Yes No

A person is disabled if he or she has a physical or mental impairment that substantially limits one or more major life activities.

RECRUITMENT SOURCE

How did you learn about the position for which you are applying?

Professional organization

Published (online/print) advertisement (specify source):

General inquiry

Friend or colleague

Holy Names University position announcement

Other (specify) _____