



## APPLICATION FOR EMPLOYMENT

Centenary University is committed to abiding by laws relating to equal opportunity employment. The University's policy is to afford equal employment opportunity for all persons without regard to their age, race, creed, color, national origin, ancestry, marital status, parental status, gender, affectional or sexual orientation, atypical hereditary cellular or blood trait, veteran status, physical or mental disability, or any other legally protected status. University policy calls for reasonable accommodation to be made for qualified employees with disabilities on an individual basis.

Date of Application: \_\_\_\_\_ *(Please Print Clearly)*

Last Name	First Name	Middle Name
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Permanent Street Address: Number and Street	City	State	Zip Code
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Home Telephone	Cell Phone	Other Phone
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#Years at this address	Social Security #	Email Address
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#Years at previous address	Previous Street Address	City	State & Zip Code
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Position Desired	Full-time	Part-time	Available Start Date	Desired Salary
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If you are under 18 years of age, can you provide required proof of your eligibility to work?      Yes      No      N/A

Are you prevented from lawfully becoming employed in this country because of immigration or visa status?      Yes      No

Have you ever been employed at Centenary University?      Yes      No      If yes, from \_\_\_\_\_ to \_\_\_\_\_

Department	Position	Supervisor
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Are you currently a student at Centenary University?      Yes      No      An Alumnus of this University?      Yes      No

(1) How did you learn about Centenary University:      Advertisement      Friend      Employment Agency      Relative      Other

(2) Are you related to any employee at this University?      Yes      No      If yes to either Question 1 or 2, please provide:

Employee's name: \_\_\_\_\_ Employee's Department \_\_\_\_\_

## EMPLOYMENT HISTORY

Please list all experience within the last ten years, including reasons for lapses in employment. Start with your present or most recent position and you may include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status. Please complete this section completely and do not indicate "see resume."

If offered this position, indicate if a reference check with your present employer may be conducted: Yes No

Current or Most Recent Employer		Street Address	
City	State	Zip Code	Telephone#
Position Title	Supervisor's Name		Date of Employment From: To:
Reason for Leaving			
Brief Summary of Major Responsibilities			

Employer		Street Address	
City	State	Zip Code	Telephone#
Position Title	Supervisor's Name		Date of Employment From: To:
Reason for Leaving			
Brief Summary of Major Responsibilities			

Employer		Street Address	
City	State	Zip Code	Telephone#
Position Title	Supervisor's Name		Date of Employment From: To:
Reason for Leaving			
Brief Summary of Major Responsibilities			

Employer		Street Address	
City	State	Zip Code	Telephone#
Position Title	Supervisor's Name		Date of Employment From: To:
Reason for Leaving			
Brief Summary of Major Responsibilities			

## EDUCATION

Institution Name & Address	Major/Minor	Graduated? Y/N	Degree/Diploma/Certification

### Computer Skills

Word Processing _____
Spreadsheets _____
Databases/Graphics _____
Other _____

### Your Qualifications For This Position

Summarize special position-related skills and qualifications acquired from employment or other experiences.

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### **ACKNOWLEDGMENT, RELEASE & CERTIFICATION**

- I understand that if I accept a position at Centenary University, I must abide by its rules and regulations.
- The information given by me and set forth in this Application is true to the best of my knowledge and belief. I understand that any misrepresentations and/or falsifications of information on this form may be cause for immediate termination by the University at the time of discovery.
- I understand that information provided in this Application for Employment will be verified.
- I hereby consent that any previous employer, character reference, and any other person may furnish the University full and complete information concerning my character, work record, ability and habits, and any other lawful information desired. No liability shall be incurred by any person, corporation or entity supplying such information.
- The Immigration Reform and Control Act (IRCA 1986) requires individuals hired by the University to provide documents verifying identity and eligibility to work in this country within three (3) working days of the date employment begins. Individuals who are unable to produce the required documentation within this designated time period may be informed, in accordance with the law, that their employment is terminated immediately.
- I understand that this Application for Employment in no way obligates Centenary University to employ me.
- I also understand that employment at Centenary University is based on the premise of "employment-at-will," both during and subsequent to the Introductory Performance Evaluation Period. If hired, I understand that I may be terminated with or without cause, with or without notice, except as may be provided by a written agreement signed by the President of Centenary University and, for faculty, in accordance with the applicable provisions of the Centenary University Faculty Constitution.
- In compliance with the Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act, Centenary University's annual security compliance document is available on the Centenary University website at <https://www.centenaryuniversity.edu/campus-safety/annual-security-report/>.

#### **Authorization to Obtain Former Employers' Records, Educational Records and Waiver of Liability**

I hereby authorize all current and/or former employers and their employees and representatives to provide any and all information they deem appropriate regarding my employment and job performance to Centenary University and any of its employees, representatives, and agents. This information may be provided either orally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against all current and/or former employers and their agents, employees, and representatives, and release them, their agents, employees, and representatives from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party whether such information is favorable or unfavorable to me.

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Printed Name

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Signature of Applicant

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Date Signed