

EMPLOYMENT APPLICATION

LAST NAME		FIRST NAME	MIDDLE INITIAL
NUMBER AND STREET			APT. NO.
CITY		STATE	ZIP CODE
IF YOU ARE LESS THAN 18, CAN YOU FURNISH A WORK PERMIT?	TELEPHONE NUMBER (INCLUDE AREA CODE)		CELL PHONE NUMBER

EMAIL ADDRESS _____

List name and relationship of relatives working at Augustana University

NAME	RELATIONSHIP	DEPARTMENT	POSITION

Have you ever been convicted of a felony? YES NO IF YES, EXPLAIN (CONVICTION NOT AN ABSOLUTE BAR TO EMPLOYMENT):

TYPE OF WORK DESIRED	DATE AVAILABLE FOR EMPLOYMENT	STARTING SALARY EXPECTED	DO YOU PREFER <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> DAYS <input type="checkbox"/> NIGHTS
REFERRED BY			

EDUCATION

List last High School and all College/Graduate Schools

NAME AND ADDRESS	NO. OF YEARS ATTENDED	GRADUATE?	DEGREE	COURSE
		<input type="checkbox"/> YES		MAJOR
		<input type="checkbox"/> NO		MINOR
		<input type="checkbox"/> YES		MAJOR
		<input type="checkbox"/> NO		MINOR
		<input type="checkbox"/> YES		MAJOR
		<input type="checkbox"/> NO		MINOR
		<input type="checkbox"/> YES		MAJOR
		<input type="checkbox"/> NO		MINOR

Please describe any actual experience, special training or qualifications relevant to the position for which you are applying.

All qualified applicants are considered for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, veteran status, or disability, or any other category protected by applicable law. If you require a reasonable accommodation to complete the application or during the interview process, please notify the Director of Human Resources.



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All information will be verified.

WERE YOU PREVIOUSLY EMPLOYED AT AUGUSTANA UNIVERSITY? YES NO

IF YES, WERE YOU EMPLOYED UNDER A DIFFERENT NAME? LIST: _____

WERE YOU EVER DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? YES NO

IF YES, PROVIDE DATE AND NATURE OF CIRCUMSTANCES: _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

Account for all periods of employment and list periods of unemployment for the last ten years beginning with your present or most recent position.

EMPLOYER	DATES From:	To:	POSITION	SALARY (START/FINAL)
ADDRESS	NAME OF SUPERVISOR		TELEPHONE	
DUTIES			REASON FOR LEAVING	

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DUTIES			REASON FOR LEAVING	

Please read the following statements carefully; they constitute the conditions under which you might be employed by Augustana University.

1. I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Augustana University or myself. I acknowledge that unless I enter into a written contract for employment for a specified period of time, my employment remains employment at will.
2. I certify that the facts set forth in this application are true and complete. I understand that any false statement on this application is sufficient cause for denial of employment or summary dismissal.
3. I authorize Augustana University (or its designee) to investigate my past and present employment, education and activities and verify all data provided by me on this application, on related papers and in interviews. I authorize all individuals, schools and/or firms named herein (except my current employer, if so noted) to provide any information requested about me. I release from all liability any persons, companies, corporations or educational institutions supplying such information. I release Augustana University (or its designee) from any and all liability resulting from the verification of such information.
4. I understand that this employment application, or the granting of an interview, does not represent a contract of employment or a promise of future benefits by Augustana University.

Signature of Applicant

Date