



HARRIS-STOWE STATE UNIVERSITY
An Equal Opportunity/Affirmative Action Employer
APPLICATION FOR EMPLOYMENT
(Please Print or Type)

Rev. 10/07

PERSONAL INFORMATION

Date _____

Name: _____
Last First Middle Initial Social Security Number

Telephone: _____ If alien, indicate visa type _____ number _____

Present Address: _____
Number & Street City State Zip Code

Position(s) Sought: (1) _____ (2) _____

Minimum salary desire _____ Full Time Part Time

Would you consider positions other than those indicated? Yes No Date available for Employment: _____

Would you work: Days Evenings Nights Weekends Summer Only

Are you, or have you ever been employed at Harris-Stowe State University? Yes No

If yes: when: _____ In what division: _____ Name at time of separation: _____

Have you in the past completed a Harris-Stowe State University Application for Employment? Yes No

If yes, when: _____ Name at time of application: _____

Were you referred to Harris-Stowe State University by:

Own Accord Advertisement University Employee Employment Service HSSU Web Site

Do you have relatives who are currently employed at Harris-Stowe State University? Yes No

If yes, please indicate his/her name, relationship, and University division.

| Relative's Name | Relationship | University Division |
|-----------------|--------------|---------------------|
| | | |

Have you ever been convicted of a state or federal misdemeanor or felony that could be relevant to this job application?
Yes No

If you check "Yes" you will be asked for further information if you are under consideration to become a finalist for this position.

MILITARY INFORMATION--U.S. Military Service Only

| | | | |
|--|---|---------------------------------|--|
| Branch | Date Entered | Date separated or made inactive | Present or last rank |
| Special training received | | Type of duties performed | |
| Are you now in reserves? YES <input type="checkbox"/> NO <input type="checkbox"/> | Do you participate in yearly training camp or cruise? YES <input type="checkbox"/> NO <input type="checkbox"/> | | For how long a period? In what month? |

EDUCATION AND TRAINING INFORMATION

| | Name & location Of School | Dates Attended | Diploma Or Degree | Major Field Of Study |
|----------------------------------|---------------------------|----------------|-------------------|----------------------|
| High School | | | | |
| Business, Trade, Secretary, Etc. | | | | |
| College | | | | |
| Post Graduate | | | | |

What additional special courses (vocational, business, correspondence) have you taken? _____

What special skills do you have (including skills in operation of office machines)? _____

Are you registered or licensed for any profession, skill, or trade? Yes No

If yes, indicate type _____ Licensed No. _____ State _____

Year attained _____ Expiration date _____

.....
TEST RESULTS--To be completed by the Human Resources Department

1. Typing: Gross per minute _____ Number of errors _____ Net words per minute _____

2. _____

3. _____

EMPLOYMENT HISTORY—List in order with most recent employer first. Please print or type.

| 1. Company Information | Date Of Employment | Position Title | Last Rate Of Pay | Reason For Leaving |
|------------------------|--------------------|----------------|------------------|---|
| Name _____ | From _____ | | | <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary Reason: |
| Address _____ | To _____ | | | |
| Phone _____ | Describe | | | |
| Supervisor _____ | Responsibilities: | | | |

| 1. Company Information | Date Of Employment | Position Title | Last Rate Of Pay | Reason For Leaving |
|------------------------|--------------------|----------------|------------------|---|
| Name _____ | From _____ | | | <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary Reason: |
| Address _____ | To _____ | | | |
| Phone _____ | Describe | | | |
| Supervisor _____ | Responsibilities: | | | |

| 1. Company Information | Date Of Employment | Position Title | Last Rate Of Pay | Reason For Leaving |
|------------------------|--------------------|----------------|------------------|---|
| Name _____ | From _____ | | | <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary Reason: |
| Address _____ | To _____ | | | |
| Phone _____ | Describe | | | |
| Supervisor _____ | Responsibilities: | | | |

Additional comments: _____

THANK YOU FOR YOUR INTEREST IN EMPLOYMENT AT HARRIS-STOWE STATE UNIVERSITY

I understand that my employment at Harris-Stowe State University cannot be finalized until the following documents have been received and accepted by the University: (1) my criminal background check document, (2) my academic credentials verification documents, (3) my employee reference documents, and (4) all other documents that might be required by the University to support any other employment-related claims that I have cited in my employment application papers. I understand also, that any falsification of documents by me will result in the immediate termination of my employment at the University.

I authorize full disclosure to any inquiries by Harris-Stowe State University in connection with this application. If I should be hired, I further agree to abide by all rules and regulations in effect at the time of my employment or subsequently initiated.

 Name of Applicant

 Date

It is the policy of Harris-Stowe State University to prohibit discrimination against any person because of race, creed, sex, color, age, religion, national origin, ancestry, handicap, or sexual orientation. The University, through its employment practices and procedures, seeks and employs qualified personnel for all its diverse activities and will provide equal opportunities during employment by administering each and every phase of its personnel program in accordance with all applicable laws.

This page to be completed by—The HUMAN RESOURCES DEPARTMENT

REFERRAL RECORD:

| DATE | DEPARTMENT | DEPARTMENTAL INTERVIEWER | POSITION | SUG. RATE | POSITION OFFERED | POSITION NOT OFFERED | COMMENTS |
|------|------------|--------------------------|----------|-----------|------------------|----------------------|----------|
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REFERENCE VERIFICATION:

| PREVIOUS EMPLOYER | DATES OF EMPLOYMENT | POSITION | RATE OF PAY | REASON FOR LEAVING |
|-------------------|---------------------|----------|-------------|--------------------|
| 1. | | | | |
| | Comments: _____ | | | |
| | | | | |
| 2. | | | | |
| | Comments: _____ | | | |
| | | | | |
| 3. | | | | |
| | Comments: _____ | | | |
| | | | | |
| 4. | | | | |
| | Comments: _____ | | | |
| | | | | |

RELEVANT EDUCATION/LICENSE VERIFICATION: _____

Comments: _____

