



**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
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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:			

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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.

REFERRAL RECORD:

DATE	DEPARTMENT	DEPARTMENTAL INTERVIEWER	POSITION	SUG. RATE	POSITION OFFERED	POSITION NOT OFFERED	COMMENTS

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: \_\_\_\_\_

\_\_\_\_\_

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