

# Application for Employment For Faculty, Managers, Administrators



INSTRUCTIONS: Type or print in ink. Complete both pages.

*A Member of Pennsylvania's State System of Higher Education*

APPLICANT'S NAME: Last		First	Initial	PHONE: Include area code	
ADDRESS: Street		City	State	Zip	COUNTY:
POSITION APPLIED FOR:		MINIMUM SALARY ACCEPTABLE:		SOCIAL SECURITY NUMBER: Last 4 digits	

## Education

NAME OF HIGH SCHOOL:						
ADDRESS: Street		City	State	MAJOR STUDY:		
NAME AND LOCATION OF COLLEGE/UNIVERSITY:		Mo. & Yr. From--To	Major	Total Credit Hours	Degree Received	Year Received
Undergraduate						
Graduate						
Other						

## Former Employment

**(begin with present position and work backwards)**

JOB TITLE:		DATES EMPLOYED:		SALARY:	
		From	To	Starting	Present
ORGANIZATION OR COMPANY:					
ADDRESS: Street		City	State	Zip	
NAME OF SUPERVISOR:			SUPERVISOR'S TITLE:		
DESCRIBE MAJOR DUTIES AND RESPONSIBILITIES:					
REASON FOR LEAVING:					
JOB TITLE:		DATES EMPLOYED:		SALARY:	
		From	To	Starting	Ending
ORGANIZATION OR COMPANY:					
ADDRESS: Street		City	State	Zip	
NAME OF SUPERVISOR:			SUPERVISOR'S TITLE:		
DESCRIBE MAJOR DUTIES AND RESPONSIBILITIES:					
REASON FOR LEAVING:					

Bloomsburg University is committed to providing equal educational and employment opportunities for all persons without regard to race, color, religion, sex, age, national origin, ancestry, lifestyle, sexual orientation, handicap, Vietnam Era veteran, or union membership. The university is additionally committed to affirmative action and will take positive steps to provide such educational and employment opportunities.

JOB TITLE:	DATES EMPLOYED:			SALARY:	
	From	To		Starting	Ending

ORGANIZATION OR COMPANY:  
 ADDRESS:                      Street    City    State                      Zip

NAME OF SUPERVISOR:    SUPERVISOR'S TITLE:  
 DESCRIBE MAJOR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

JOB TITLE:	DATES EMPLOYED:			SALARY:	
	From	To		Starting	Ending

ORGANIZATION OR COMPANY:  
 ADDRESS:                      Street    City    State                      Zip

NAME OF SUPERVISOR:    SUPERVISOR'S TITLE:  
 DESCRIBE MAJOR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

JOB TITLE:	DATES EMPLOYED:			SALARY:	
	From	To		Starting	Ending

ORGANIZATION OR COMPANY:  
 ADDRESS:                      Street    City    State                      Zip

NAME OF SUPERVISOR:    SUPERVISOR'S TITLE:  
 DESCRIBE MAJOR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

LIST BY NUMBER AND YEAR ISSUED, ANY LICENSE, CERTIFICATE, REGISTRATION WHICH APPLIES TO POSITION YOU ARE APPLYING FOR:

## References

(three are required)

NAME:	PRESENT BUSINESS OR HOME ADDRESS & TELEPHONE:	BUSINESS OR OCCUPATION:

**CRIMINAL HISTORY:** CRIMINAL OFFENSE includes felonies and misdemeanor offenses. CONVICTION is an adjudication of guilt and includes determinations before a court, a district justice or magistrate and pleas of *nolo contendere* (no contest) that result in a fine, sentence or probation. For this question disregard: minor traffic violations (no points), offenses committed before your 18<sup>th</sup> birthday which were adjudicated in juvenile court under a Youth Offender Law, and any charges which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition Program. A "Yes" answer is not necessarily a bar to employment.

**WERE YOU EVER CONVICTED OF A CRIMINAL OFFENSE?**                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

WILL YOU REQUIRE VISA SPONSORSHIP FOR EMPLOYMENT WITH OUR UNIVERSITY?                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

CERTIFICATION:	SIGNATURE OF APPLICANT (in ink):	DATE:
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