

# Employment **APPLICATION**

2043 COLLEGE WAY • FOREST GROVE • OR 97116

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Application: \_\_\_\_\_

**INSTRUCTIONS:** Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application form.

## Equal Opportunity Policy

It is the policy of Pacific University not to discriminate on the basis of sex, disability, race, color, national origin, sexual orientation, age, religious preference or disabled veteran or Vietnam Era status in admission and access to, or treatment in employment, educational programs or activities as required by Title IX of the Education Amendments of 1072, section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights act of 1964, the Age Discrimination Act, the Americans With Disabilities Act of 1990 and their implementing regulations. Questions or complaints may be directed to the Vice President for Academic Affairs, 2043 College Way, Forest Grove, Oregon 97116, (503) 357-6151.

## Personal Information

Present street address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Telephone number: \_\_\_\_\_ Message number: \_\_\_\_\_

How long have you lived at your present address: \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Previous Address: \_\_\_\_\_

How long did you live there? \_\_\_\_\_

## Employment interest

Position applied for: \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

Are you seeking:  Full time  Part time  Temporary/summer employment?

Are you currently employed?  Yes  No May we contact your present employer?  Yes  No

When are you available to start work? \_\_\_\_\_ Expected salary \$ \_\_\_\_\_

If you are hired, can you provide proof that you are authorized to work in the United States?  Yes  No

(The Federal Immigration Reform and Control Act requires individuals to provide to an employer documented proof that they are authorized to work in the United States. The proof must be provided within three business days after the date of hire.)

Are you 18 years of age or older?  Yes  No

## Employment History

*(Complete this section even if you are attaching a resume)*

List name of employers in consecutive order with present or most recent employer listed first. Please indicate employers you would not wish to be contacted. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firms name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

Name of employer: \_\_\_\_\_

Name of last supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Pay: Start \$ \_\_\_\_\_ Final \$ \_\_\_\_\_

Your job title: \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

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Duties \_\_\_\_\_

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Your job title: \_\_\_\_\_

Duties \_\_\_\_\_

\_\_\_\_\_

Reason for leaving (be specific): \_\_\_\_\_

## Educational Background

**Complete this section even if you are attaching a resume.**

High School or GED: \_\_\_\_\_

College or University: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Degree: \_\_\_\_\_

College or University: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Degree: \_\_\_\_\_

College or University: \_\_\_\_\_

Major: \_\_\_\_\_ Minor: \_\_\_\_\_ Degree: \_\_\_\_\_

### Additional educational and/or vocational or technical training information:

School: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Dates: \_\_\_\_\_

Certificate taken: \_\_\_\_\_ Certificate Date: \_\_\_\_\_

School: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Dates: \_\_\_\_\_

Certificate taken: \_\_\_\_\_ Certificate Date: \_\_\_\_\_

School: \_\_\_\_\_

Field of Study: \_\_\_\_\_ Dates: \_\_\_\_\_

Certificate taken: \_\_\_\_\_ Certificate Date: \_\_\_\_\_

**Professional Licenses:** \_\_\_\_\_

Total years of education: \_\_\_\_\_ Are you currently enrolled?  Yes  No

Expected date of completion: \_\_\_\_\_

## General information

Have you ever been employed by Pacific University?  Yes  No If so, when: \_\_\_\_\_

If you have been previously employed at Pacific University what name did you use? \_\_\_\_\_

Do you have any relatives at Pacific University in administrative or supervisory positions?  Yes  No

If so, please state their name, relationship to you, and position at Pacific: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, give particulars: \_\_\_\_\_

*(Note: existence of a conviction record is not necessarily a bar to employment.)*

**For driving jobs only:** Do you have a valid driver's license?  Yes  No

Lic. Number: \_\_\_\_\_ State: \_\_\_\_\_

## Employment References

Give 3 references that we may contact (school or work related).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

## Ability to Perform Job Functions

Having read the job description, are you able to perform all physical and mental job related functions of the position(s) for which you have applied, with or without reasonable accommodation?     Yes     No

## Please Read and Sign

*Initial each statement, then sign your name on the signature line*

1. \_\_\_\_\_ If I am employed by Pacific University I will comply with all employment-related policies and requirements set forth by the University.
2. \_\_\_\_\_ I certify that all answers to questions in this application and all additional information I may have submitted are true and complete to the best of my knowledge. I understand that giving false information, misrepresentation, or omission of information may be grounds for denial or employment or discharge if hired.
3. \_\_\_\_\_ I understand that if hired, unless Pacific University and I agree to the contrary, I will be an at-will employee and agree that the employment relationship can be terminated at any time, for any reason, with or without notice, with or without cause by me or the University.
4. \_\_\_\_\_ I hereby acknowledge that I have read and understand the above statements, I voluntarily give the University permission to confirm by personal inquiry, or otherwise, information provided in this application. I release from all liability or responsibility this University and all persons, companies, or corporations providing information to the University about me.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_