

EMPLOYMENT APPLICATION



PLEASE PRINT LEGIBLY IN INK AND COMPLETE ALL INFORMATION

In compliance with federal law, including provisions of Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973. Campbellsville University does not illegally discriminate on the basis of race, gender, color, national or ethnic origin, age, disability, or military service in its administration of education policies programs, or activities; admission policies; or employment. Under Federal and Kentucky law, the University may make certain policy and employment decisions based in part on its religious beliefs in order to fulfill its purpose as a Christian institution.

1. Today's Date	
2. Name (Last)	(First) (Middle)
3. Address (Number, Street)	
4. City, State and Zip Code	
5. Telephone Number	6. E-mail Address
7. Social Security Number	8. Driver's License Number (Please specify state)
9. Can you, after employment, submit verification of your legal right to work in the United States? _____ Yes _____ No (Proof of citizenship or immigration status will be required upon employment)	
10. Are you over 18 years of age? _____ Yes _____ No If under 18, can you, after employment, submit a valid work permit? _____ Yes _____ No	
11. Have you applied for employment at Campbellsville University within the last 12 months? _____ Yes _____ No If Yes, indicate position.	
12. Have you ever been employed by Campbellsville University? _____ Yes _____ No If Yes, indicate location and time frame employed	
13. Please indicate the position for which you are applying	

14. Type of Employment Desired _____ Full-Time _____ Part-Time _____ Hours Available Are you available to work on weekends? _____ Yes _____ No	
15. What prompted your interest in applying for employment at Campbellsville University?	
16. Date available for employment with Campbellsville University.	
17. Expected Salary	
18. Relocation preferences/restrictions	
19. Travel restrictions	
20. Are you subject to any confidentiality restrictions due to any prior or current work experience? _____ Yes _____ No If so, please explain.	
21. Have you ever been convicted of a felony or misdemeanor? _____ Yes _____ No Conviction will not necessarily disqualify you from employment.	
22. Are you aware of anything that could prevent you from performing the essential functions of the job for which you are applying, with or without a reasonable accommodation? _____ Yes _____ No If Yes, please explain and describe the functions that cannot be performed: (NOTE: Campbellsville University complies with the Americans with Disabilities Act and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential job functions.)	
23. Please list all languages that you speak, read and write fluently.	

EMPLOYMENT HISTORY LIST CHRONOLOGICALLY; BEGIN WITH PRESENT / MOST RECENT POSITION; ALSO LIST PERIODS OF UNEMPLOYMENT
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Employment Dates:	From:	To:
Company Name		
Street Address		
City, State, Zip		
Position Held		
Reason for Leaving		
Starting Annual Salary		Final Annual Salary

Immediate Supervisor & Telephone Number
May we contact?

Employment Dates:	From:	To:
Company Name		
Street Address		
City, State, Zip		
Position Held		
Reason for Leaving		
Starting Annual Salary	Final Annual Salary	
Immediate Supervisor & Telephone Number		
May we contact?		

Employment Dates:	From:	To:
Company Name		
Street Address		
City, State, Zip		
Position Held		
Reason for Leaving		
Starting Annual Salary	Final Annual Salary	
Immediate Supervisor & Telephone Number		
May we contact?		

U.S. MILITARY HISTORY

1. Have you ever served in the U.S. Armed Forces? _____ Yes _____ No

2. Branch of service:

3. Reserve status:

4. List Service duties applicable to the job for which you are applying:

EDUCATION HISTORY

HIGH SCHOOL	COLLEGE (UNDERGRADUATE)	COLLEGE (GRADUATE)	TECHNICAL/ VOCATIONAL
Name & Address	Name & Address	Name & Address	Name & Address
Dates Attended	Dates Attended	Dates Attended	Dates Attended
Graduate ___ Yes ___ No	Graduate ___ Yes ___ No	Graduate ___ Yes ___ No	Graduate ___ Yes ___ No
Course of Study	Course of Study	Course of Study	Course of Study
Degree	Degree	Degree	Degree

HONORS AWARDED

PROFESSIONAL CERTIFICATION/LICENSES

Computer Skills:

Hardware: _____

Software: _____

PROFESSIONAL REFERENCES OTHER THAN SUPERVISORS

Name
Street Address
City, State, Zip
Daytime Telephone Number ()
Title/Occupation
May we contact?

Name
Street Address
City, State, Zip
Daytime Telephone Number ()
Title/Occupation
May we contact?

Name
Street Address
City, State, Zip
Daytime Telephone Number ()
Title/Occupation
May we contact?

RELIGIOUS AFFILIATION

Name of Church with which you are currently affiliated _____

Name of Pastor _____ Phone () _____

Address _____
Street or PO Box City, State, Zip Code

Give a statement of your personal Christian experience and beliefs (Please add supplemental sheets if necessary)

DRIVING INFORMATION

PLEASE COMPLETE THIS SECTION ONLY IF DRIVING IS A REQUIRED PART OF THE JOB FOR WHICH YOU ARE APPLYING.

Driver's License Number
State
Expiration Date
1. Is the above a valid driver's license? _____Yes _____No
2. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? _____Yes _____No
3. Has any license, permit, or privilege ever been suspended or revoked? _____Yes _____No
If you answer yes to either question 2 or 3, please attach a statement giving details.
Have you had an accident in the past five (5) years? (If YES, please explain. Attach an extra sheet if more space is needed).
Last accident date
Nature of accident (head-on, rear-end, etc.)

For Office of Personnel Use

Interviewer Signature

CERTIFICATION

I HEREBY AFFIRM THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS ACCURATE AND COMPLETE. I GRANT CAMPBELLSVILLE UNIVERSITY PERMISSION TO CONTACT ALL REFERENCES AND/OR FORMER EMPLOYERS (UNLESS SO SPECIFIED) TO VERIFY INFORMATION NECESSARY TO ARRIVE AT AN EMPLOYMENT DECISION.

TO ASSIST CAMPBELLSVILLE UNIVERSITY IN COMPLYING WITH THE AMERICANS WITH DISABILITIES ACT, I AGREE TO DISCLOSE ANY ACCOMMODATION NEEDED TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB AS DESCRIBED BY THE COMPANY PRIOR TO MY EMPLOYMENT.

I UNDERSTAND THAT HIRING IS SUBJECT TO VERIFICATION THAT I MEET THE LEGAL MINIMUM AGE REQUIREMENTS FOR EMPLOYMENT, AND THAT PERSONS UNDER THE AGE OF 18 MUST PROVIDE A VALID WORK PERMIT.

I HEREBY UNDERSTAND AND ACKNOWLEDGE THAT ANY EMPLOYMENT RELATIONSHIP WITH CAMPBELLSVILLE UNIVERSITY IS OF AN "AT WILL" NATURE. THIS MEANS THAT EMPLOYMENT IS WITHOUT A FIXED TERM. I MAY RESIGN AT ANY TIME, AND CAMPBELLSVILLE UNIVERSITY MAY DISCHARGE ME AT ANY TIME. I UNDERSTAND THAT NOTHING CONTAINED IN THE APPLICATION OR CONVEYED TO ME DURING ANY INTERVIEW THAT MAY BE GRANTED IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT, IMPLIED OR EXPLICIT, BETWEEN CAMPBELLSVILLE UNIVERSITY AND ME. I UNDERSTAND AND AGREE THAT IF I AM HIRED, ANY FUTURE CHANGES IN JOB TITLE, DUTIES, COMPENSATION, WORKING CONDITIONS, AND/OR BENEFITS, POLICIES AND PROCEDURES WILL NOT ALTER OUR AT-WILL. I ALSO ACKNOWLEDGE THAT ONLY THE PRESIDENT OF CAMPBELLSVILLE UNIVERSITY IS AUTHORIZED TO ALTER OR MODIFY THE AT-WILL EMPLOYMENT AGREEMENT BETWEEN CAMPBELLSVILLE UNIVERSITY AND ME, AND THAT ANY SUCH ALTERATION OR MODIFICATION WILL BE VALID ONLY IF IT IS IN A WRITTEN DOCUMENT SIGNED BY THE PRESIDENT OF CAMPBELLSVILLE UNIVERSITY.

I UNDERSTAND THAT ANY FALSE OR MISREPRESENTED INFORMATION GIVEN ON THIS APPLICATION OR DURING THE INTERVIEW WILL PROVIDE SUFFICIENT CAUSE FOR REJECTION, OR IN THE CASE OF EMPLOYMENT, MAY RESULT IN MY DISCHARGE.

I UNDERSTAND THAT I AM REQUIRED TO ABIDE BY THE ADMINISTRATIVE POLICIES AND PROCEDURES MANUAL (AS AMENDED FROM TIME TO TIME) AND ALL POLICIES, RULES AND REGULATIONS ESTABLISHED BY CAMPBELLSVILLE UNIVERSITY.

DATE

SIGNATURE