



EMPLOYMENT APPLICATION

PLEASE PRINT LEGIBLY IN INK AND COMPLETE ALL INFORMATION

Campbellsville University is an Equal Opportunity Employer. All applicants are considered for employment regardless of race, color, creed, gender, national origin, age, disability, or veteran status.

1. Today's Date					
2. Name (Last)		(First)		(Middle)	
3. Address (Number, Street)					
4. City, State and Zip Code					
5. Telephone Number			6. Alternate Number		
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
<i>LIST CHRONOLOGICALLY; BEGIN WITH PRESENT / MOST RECENT POSITION; ALSO LIST PERIODS OF UNEMPLOYMENT</i>

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? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been denied a license, permit, or privilege to operate a motor vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has any license, permit, or privilege ever been suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> 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.)

NOTICE OF NON-DISCRIMINATION & SEXUAL MISCONDUCT POLICY

Campbellsville University does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities, including applicants for admission and employment. The following persons have been designated to handle inquiries regarding the University's non-discrimination policies:

Title IX Coordinator
Administration Building, Office 7C
1 University Drive, UPO 944
Campbellsville, KY 42718
TitleIXCoordinator@campbellsville.edu
(270) 789-5092

OR

Director of Personnel Services
Administration Building, Office 7B
1 University Drive, UPO 944
Campbellsville, KY 42718
HRQuestions@campbellsville.edu
(270) 789-5016

For further information on notice of non-discrimination, visit <http://wdcrobcop01.ed.gov/CFAPPS/OCR/contactus.cfm> for the address and phone number of the office that serves your area, or call 1-800-421-3481.

Campbellsville University has developed grievance procedures for investigating complaints of sexual misconduct, including sexual harassment and sex discrimination. The Sexual Misconduct Policy can be found at: <https://www.campbellsville.edu/policy/title-ix-policy-procedure/>.

To file a report or complaint of sexual misconduct, contact the **Title IX Coordinator**, whose contact information is listed above, or use this QR code to complete an online reporting form:



Sexual Misconduct Reporting Form

CU's Title IX website also contains a list of resources and events designed to enhance education around sexual violence prevention and awareness, risk reduction, and bystander intervention.

Campbellsville University does not discriminate on the basis of sex in the education programs or activities that the University operates. The University is required by Title IX not to discriminate in such a manner. This requirement not to discriminate in the University's education programs or activities extends to employment and admissions.

Campbellsville University's notice of non-discrimination is widely disseminated across multiple platforms. You can review the Notice of Non-Discrimination here: <https://www.campbellsville.edu/policy/non-discrimination-policy/>.

Campbellsville University does not treat applicants, students, or employees differently on the basis of sex.

Campbellsville University has adopted and published grievance procedures that provide for the prompt and equitable resolution of student and employee complaints alleging any action that is prohibited by Title IX. Additionally, the University's grievance process complies with Title IX §106.45 for formal complaints. The University hereby provides notice of the University's grievance procedures and processes to applicants for admission and employment, students and employees, and all unions of professional organizations holding collective bargaining or professional agreements, including how to report or file a complaint of sex discrimination, how to report or file a formal complaint of sexual harassment, and how the University will respond in such cases, all of which is set forth in Sections 5 through 9 in the Sexual Misconduct Policy, which can be found here: <https://www.campbellsville.edu/policy/title-ix-policy-procedure/>.

For Office of Personnel Use

Interviewer Signature

CERTIFICATION

I HEREBY AFFIRM THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS ACCURATE AND COMPLETE. I GRANT CAMPBELLVILLE 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 CAMPBELLVILLE 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 CAMPBELLVILLE UNIVERSITY IS OF AN "AT WILL" NATURE. THIS MEANS THAT EMPLOYMENT IS WITHOUT A FIXED TERM. I MAY RESIGN AT ANY TIME, AND CAMPBELLVILLE 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 CAMPBELLVILLE 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 CAMPBELLVILLE UNIVERSITY IS AUTHORIZED TO ALTER OR MODIFY THE AT-WILL EMPLOYMENT AGREEMENT BETWEEN CAMPBELLVILLE 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 CAMPBELLVILLE 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 CAMPBELLVILLE UNIVERSITY.

DATE

SIGNATURE