

Southeastern Louisiana University

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Job Order Number	Date of Application
How Did You Learn About Us? <input type="checkbox"/> Advertisement _____ <div style="text-align: center; font-size: small;">List Publication</div>	<input type="checkbox"/> Employee Referral <input type="checkbox"/> Walk-In <input type="checkbox"/> Employment Agency	<input type="checkbox"/> Web Page <input type="checkbox"/> Other _____ <div style="text-align: center; font-size: small;">Explain</div>

Last Name	First Name	Middle Name	Other Names Ever Used
Address _____	Number _____	Street _____	Apt. _____
		City _____	State _____
		Zip Code _____	
Telephone Number(s)	Home (____) _____ - _____		EMPLID: W _____
	Work (____) _____ - _____		
	Cell (____) _____ - _____		
			Email Address _____

Best time to contact you at home is: _____: _____^{AM} / _____: _____^{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If yes, give date _____

Have you ever been employed with us before? Yes No
 If yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No
 If Yes, state name, relationship and location _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Can you travel if a job requires it? Yes No

Date available for work _____/_____/_____ What is your desired salary range? _____

Are you available to work: Full Time (Please indicate shift Days Evenings Nights)
 Part Time (Please indicate Mornings Afternoons Evenings)
 Temporary (Please indicate dates available _____/_____/_____ - _____/_____/_____)

Minimum Salary Acceptable _____
 (OPTIONAL)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

School	Name and Address Of School	Course of Study	Years Completed	Diploma/ Degree	Date Acquired
High School					
Undergraduate College					
Graduate/ Professional					
Other (Specify)					

WORK EXPERIENCE: Total Years of Professional Experience _____ Total Years of Military Experience _____

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender; national origin, disabilities or other protected status.

	Dates Employed		Work Performed
Employer	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Dates Employed		Work Performed
Employer	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Dates Employed		Work Performed
Employer	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Dates Employed		Work Performed
Employer	From	To	
Address			
Telephone Number(s)	Hourly Rate/Salary		
Starting/Present Job Title	Starting	Final	
Supervisor			
Reason for Leaving	May We Contact?		<input type="checkbox"/> Yes <input type="checkbox"/> No

DEGREE IN PROCESS _____ **MAJOR ADVISER** _____

WORK TO BE COMPLETED _____ **ESTIMATED DATE FOR COMPLETION** _____

KIND AND AMOUNT

Comments: Include explanation of any gaps in employment.

NAME: _____ POSITION: _____ DATE: _____

Describe any specialized training, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

SPECIALIZED SKILLS (Skills/Equipment Operated)

<input type="checkbox"/> Mainframe	<input type="checkbox"/> Spreadsheet	<input type="checkbox"/> Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____
<input type="checkbox"/> Publishing		_____

Transcripts: I understand that I must furnish original certified copies of transcripts for all colleges and universities attended.

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an *"at will"* nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this *"at will"* employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the President of this University and subject to Board approval.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the University and the University of Louisiana System.