

Southeastern Louisiana University

FACULTY APPLICATION FOR EMPLOYMENT

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

EDUCATION

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

DEGREE IN PROCESS _____	MAJOR ADVISER _____
WORK TO BE COMPLETED _____	ESTIMATED DATE FOR COMPLETION _____
<small>KIND AND AMOUNT</small>	

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

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

Other Qualifications or Certifications

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

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)		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)		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)		Salary		
Starting/Present Job Title	Starting	Final		
Supervisor				
Reason for Leaving		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Comments: Include explanation of any gaps in employment.

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:

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..

_____ Signature of Applicant	_____ Date
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