

EMPLOYMENT APPLICATION

LAST NAME		FIRST NAME	MIDDLE INITIAL
NUMBER AND STREET			APT. NO.
CITY		STATE	ZIP CODE
IF YOU ARE LESS THAN 18, CAN YOU FURNISH A WORK PERMIT?	TELEPHONE NUMBER (INCLUDE AREA CODE)		CELL PHONE NUMBER

EMAIL ADDRESS _____

List name and relationship of relatives working at Augustana University

NAME	RELATIONSHIP	DEPARTMENT	POSITION

TYPE OF WORK DESIRED	DATE AVAILABLE FOR EMPLOYMENT	STARTING SALARY EXPECTED	DO YOU PREFER <input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> DAYS <input type="checkbox"/> NIGHTS
REFERRED BY			

EDUCATION

List last High School and all College/Graduate Schools

NAME AND ADDRESS	NO. OF YEARS ATTENDED	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	DEGREE	COURSE
				MAJOR
				MINOR
				MAJOR
				MINOR
				MAJOR
				MINOR
				MAJOR
				MINOR

Please describe any actual experience, special training or qualifications relevant to the position for which you are applying.

Augustana is committed to providing equal access to and participation in employment opportunities and in programs and services, without regard to race, color, religion, creed, sex, pregnancy, sexual orientation, gender identity, genetic information, national origin, ancestry, age, veteran status, or disability. Augustana complies with Title IX of the Education Amendments of 1972, Title VII of the Civil Rights Act, the Americans with Disabilities Act, the Rehabilitation Act, and other applicable laws providing for nondiscrimination against all individuals. Augustana will provide reasonable accommodations for known disabilities to the extent required by law.



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All information will be verified.

WERE YOU PREVIOUSLY EMPLOYED AT AUGUSTANA UNIVERSITY? YES NO

IF YES, WERE YOU EMPLOYED UNDER A DIFFERENT NAME? LIST: _____

WERE YOU EVER DISCHARGED OR ASKED TO RESIGN FROM ANY POSITION? YES NO

IF YES, PROVIDE DATE AND NATURE OF CIRCUMSTANCES:

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? YES NO

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

Account for all periods of employment and list periods of unemployment for the last ten years beginning with your present or most recent position.

EMPLOYER	DATES From: _____ To: _____	POSITION
ADDRESS	NAME OF SUPERVISOR	TELEPHONE
DUTIES	REASON FOR LEAVING	

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Please read the following statements carefully; they constitute the conditions under which you might be employed by Augustana University.

1. I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Augustana University or myself. I acknowledge that unless I enter into a written contract for employment for a specified period of time, my employment remains employment at will.
2. I certify that the facts set forth in this application are true and complete. I understand that any false statement on this application is sufficient cause for denial of employment or summary dismissal.
3. I authorize Augustana University (or its designee) to investigate my past and present employment, education and activities and verify all data provided by me on this application, on related papers and in interviews. I authorize all individuals, schools and/or firms named herein (except my current employer, if so noted) to provide any information requested about me. I release from all liability any persons, companies, corporations or educational institutions supplying such information. I release Augustana University (or its designee) from any and all liability resulting from the verification of such information.
4. I understand that this employment application, or the granting of an interview, does not represent a contract of employment or a promise of future benefits by Augustana University.

Signature of Applicant

Date