SHIPPENSBURG UNIVERSITY
Office of Human Resources
1871 Old Main Drive
Shippensburg, PA 17257-2299
(717) 477-1124

APPLICATION FOR EMPLOYMENT

Please Type or Print in Ink

NAME: *Last* *First* *M.I.*	HOME/CELL PHONE: WORK PHONE: EMAIL ADDRESS:
ADDRESS: CITY: STATE AND ZIP CODE:	
POSITION APPLIED FOR:	ARE YOU A U.S. CITIZEN? ( ) YES ( ) NO *If you are not a U.S. Citizen, have you the legal right to remain and work in the United States?* ( ) YES ( ) NO
HOW WERE YOU REFERRED TO SHIPPENSBURG UNIVERSITY?	*Will you require visa sponsorship for employment with our University?* ( ) YES ( ) NO

EDUCATION

NAME AND LOCATION OF HIGH SCHOOL: DID YOU GRADUATE? ( ) YES ( ) NO RECEIVE G.E.D.? ( ) YES ( ) NO

IF NO, OR STILL ATTENDING, HIGHEST GRADE COMPLETED:

NAME & LOCATION OF COLLEGE, TECHNICAL OR GRADUATE SCHOOL:	MAJOR:	DEGREE:	DATE CONFERRED:

COMPUTER SKILLS & ABILITIES (SYSTEMS, SOFTWARE, ETC.):

OTHER COURSES, TRAINING, EDUCATION:

U. S. MILITARY: BRANCH:	FROM: TO:	TRAINING OR SPECIALTY:

CLERICAL APPLICANTS ONLY: TYPING: _____WPM SHORTHAND: _____WPM	*IF YOU ARE APPLYING FOR A POSITION THAT REQUIRES A DRIVER'S LICENSE,* DO YOU POSSESS A LEGAL AND CURRENT DRIVER'S LICENSE? ( ) YES ( ) NO IF YES, INDICATE CLASS: ( ) CAR OR LIGHT DUTY TRUCK ( ) COMMERCIAL TRUCK

PROFESSIONAL LICENSES, CERTIFICATIONS, REGISTRATIONS

TYPE:	ISSUED BY:	NUMBER:	DATE:	EXPIRES:

HAVE YOUR PROFESSIONAL LICENSES, CERTIFICATES, OR REGISTRATIONS EVER BEEN SUSPENDED, REVOKED, OR PLACED ON PROBATION?
( ) NO ( ) YES IF YES, EXPLAIN FULLY:

HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT? ( ) NO ( ) YES IF YES, EXPLAIN FULLY:

DO YOU HAVE ANY RELATIVES CURRENTLY WORKING AT SHIPPENSBURG UNIVERSITY? ( ) YES ( ) NO. IF YES, PLEASE LIST NAME AND RELATIONSHIP: _____

Family members are defined as individuals who are related by blood, marriage or adoption including the following: spouse, child, step-child, parent, step-parent, grandparent, grandchild, great grandparent, great grandchild, brother, sister, half-brother, half-sister, aunt, uncle, niece, nephew, parent-in-law, daughter-in-law, son-in-law, brother-in-law, and sister-in-law. This definition also includes non-family members who reside in the same household as the employee or candidate for a vacant position, and same sex domestic partners.

Shippensburg University is an Equal Opportunity Employer.
Individuals from traditionally underrepresented populations are encouraged to apply.

EMPLOYMENT HISTORY

LIST PAST EMPLOYERS WITH THE PRESENT OR MOST RECENT LISTED FIRST (ATTACH ADDITIONAL SHEETS IF NECESSARY):

DATES EMPLOYED: FROM: TO:	EMPLOYER AND ADDRESS: MAY WE CONTACT: ( ) YES ( ) NO SUPERVISOR: TELEPHONE NUMBER:	YOUR OCCUPATION: DESCRIPTION OF DUTIES: REASON FOR LEAVING:
DATES EMPLOYED: FROM: TO:	EMPLOYER AND ADDRESS: MAY WE CONTACT: ( ) YES ( ) NO SUPERVISOR: TELEPHONE NUMBER:	YOUR OCCUPATION: DESCRIPTION OF DUTIES: REASON FOR LEAVING:
DATES EMPLOYED: FROM: TO:	EMPLOYER AND ADDRESS: MAY WE CONTACT: ( ) YES ( ) NO SUPERVISOR: TELEPHONE NUMBER:	YOUR OCCUPATION: DESCRIPTION OF DUTIES: REASON FOR LEAVING:
DATES EMPLOYED: FROM: TO:	EMPLOYER AND ADDRESS: MAY WE CONTACT: ( ) YES ( ) NO SUPERVISOR: TELEPHONE NUMBER:	YOUR OCCUPATION: DESCRIPTION OF DUTIES: REASON FOR LEAVING:

REFERENCES

LIST THREE INDIVIDUALS NOT RELATED TO YOU WHO CAN EVALUATE YOUR WORK PERFORMANCE:

NAME:	NAME:	NAME:
TELEPHONE:	TELEPHONE:	TELEPHONE:
EMAIL ADDRESS:	EMAIL ADDRESS:	EMAIL ADDRESS:
OCCUPATION:	OCCUPATION:	OCCUPATION:

INCLUDE ANY COMMENTS OR ADDITIONAL INFORMATION THAT MAY BE RELEVANT TO THE POSITION(S) FOR WHICH YOU HAVE APPLIED ON ADDITIONAL SHEETS.

PLEASE READ CAREFULLY:

Shippensburg University strives to provide a safe and productive environment in which students, employees and visitors can learn and work. Prior to employment, the University will attempt to obtain certain background information about candidates including education, employment history and any history of criminal convictions. To be considered for employment, candidates must authorize the release of this information. All information from this process will be kept confidential and will be shared on a need-to-know basis consistent with current employment regulations/laws.

By signing below, I certify that the information provided on this application is accurate and complete. I understand that falsification of the information provided may subject me to immediate termination or Shippensburg University's refusal to employ. I understand that employment at Shippensburg University is subject to verification of all information provided. All previous employers and/or references, unless noted otherwise in this application, may give any information regarding my employment to Shippensburg University and are hereby released from any liability which may arise. Nothing in this application creates an offer of employment, an employment contract or other contract of any type. I understand that all offers of employment are made in writing exclusively by the Human Resources Department of Shippensburg University.

SIGNATURE: DATE:

IS ANY ADDITIONAL INFORMATION RELATIVE TO YOUR NAME NECESSARY TO ENABLE A CHECK OF YOUR EMPLOYMENT RECORD? ( ) NO ( ) YES

IF YES, LIST OTHER NAMES USED: _____

Revised: 1/17/2012

PRINT RESET SUBMIT