

Application For Employment

Human Resources Office
Campbell University
P.O. Box 595
Buies Creek, NC 27506

EEOC required statement

It is the intention of the University to cooperate as fully as possible with the applicable requirements and provisions of the various state and federal employment and labor laws. Accordingly, the University is committed to administering all educational and employment activities without discrimination as to race, creed, color, sex, gender, age, national origin, religion, disability, or status as a veteran except where exemption is appropriate and allowed by law. This policy of nondiscrimination is applied to the recruitment, hiring, assignment, retention, and discharge of employees.

Inquiries regarding the University's equal opportunity policy may be directed to: Campbell University, Human Resources Department, P.O. Box 595 Buies Creek, NC 27506

(PLEASE PRINT)

Position(s) Applied For		Date of Application	
How Did You Learn About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other	
Last Name		First Name	
		Middle Name	
Address	Number	Street	City
		State	Zip Code
Telephone Number(s)		Social Security Number	
If you are under 18 years of age, can you provide required proof of your eligibility to work?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed an application with us before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If yes, give date _____	
Have you ever been employed with us before?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If yes, give date _____	
Are you currently employed?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa immigration Status?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of citizenship or immigration will be required upon employment.			
On what date would you be available to work?		_____	
Are you available to work:		<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
		<input type="checkbox"/> Shift Work	<input type="checkbox"/> Temporary
Are you currently on "lay-off" status and subject to recall?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of a felony within the last 7 years?			
Conviction will not necessarily disqualify an applicant from employment.			
If yes, Please explain		_____	
_____		_____	
WE ARE AN EQUAL OPPORTUNITY EMPLOYER			

Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (specify)				

Indicate any foreign languages you can speak, read and /or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

Describe any specialized training, apprenticeship, skills and extracurricular activities.

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

Employment Experience

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

1.

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number(s)		Hourly Rate/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

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

You may exclude membership which would reveal gender, race, national origin, age, ancestry, or disability.

Additional Information

Other Qualifications

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

Specialized Skills

Check Skills/Equipment Operated

<input type="checkbox"/> Fax	<input type="checkbox"/> Lotus 1-2-3	Production/Mobile	
<input type="checkbox"/> PC	<input type="checkbox"/> Excel	Machinery (list):	Other (list):
<input type="checkbox"/> Calculator	<input type="checkbox"/> MS Word	_____	_____
<input type="checkbox"/> Typewriter		_____	_____

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? Yes No

References

1. _____ (_____) _____
(Name) Phone#

(Address)
2. _____ (_____) _____
(Name) Phone#

(Address)
3. _____ (_____) _____
(Name) Phone#

(Address)

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

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

This application for employment shall be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applicants are being accepted at that time.

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 an authorized executive of this organization.

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 employer.

Signature of Applicant

Date

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Arrange Interview Yes No

Remarks _____

INTERVIEWER

DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/ Salary _____ Department _____

By _____

NAME AND TITLE

DATE

NOTES: _____

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Position(s) Applied For Is Open Yes No

Position(s) Considered For: _____

Date _____

Notes: