

Bloomsburg University of Pennsylvania

Merit Systems Employment Application

Revised 08-18

1. Official use only.	INSTRUCTIONS: Type or print in ink. Complete every applicable section of this application. Incomplete applications will be returned to you. Resumes are not considered a substitute for complete answers. Applications must be signed and dated to receive consideration. Bloomsburg University accepts unsolicited applications for Patrol Officer (will be kept on file for 90 days) and Certified Registered Nurse Practitioner (will be kept on file for 180 days). Applications for other positions will be accepted only as vacancies are posted, and must include the announcement number.					
2. Social Security # Last 4 digits	3. NAME (Last) _____ (First) _____ (MI) _____					
4. Mailing Address _____ City _____						
State _____ Zip Code _____ County _____		5. Home Telephone _____ (____) _____ - _____		6. Work Telephone _____ (____) _____ - _____		
7. Are you an honorably discharged United States Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Have you ever been employed by the Commonwealth of Pennsylvania? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, by what agency? _____			From _____ To _____ MO YR MO YR	
9. Please indicate the position(s) for which you are applying. [] PATROL OFFICER [] CERTIFIED REGISTERED NURSE PRACTITIONER [] _____ Announcement Number & Title _____			10. Are you legally authorized to work in the United States for Bloomsburg University without employment visa sponsorship? <input type="checkbox"/> YES <input type="checkbox"/> NO Will you now or in the future require sponsorship for employment visa status, for instance, H-1B classification? <input type="checkbox"/> YES <input type="checkbox"/> NO			
11A. Please indicate the types of employment for which you are available (check all that apply). *****You will only be considered for the conditions selected.*****						
Permanent <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		Temporary <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		11B. Minimum Salary you will accept \$ _____	11C. Date Available for Work MO & YR _____	
CRIMINAL HISTORY: CRIMINAL OFFENSE includes felonies and misdemeanor offenses. CONVICTION is an adjudication of guilt and includes determinations before a court, a district justice or magistrate and pleas of <i>nolo contendere</i> (no contest) that result in a fine, sentence or probation. For this question disregard: minor traffic violations (no points), offenses committed before your 18 th birthday which were adjudicated in juvenile court under a Youth Offender Law, and any charges which have been expunged by a court or for which you successfully completed an Accelerated Rehabilitative Disposition Program. A "Yes" answer is not necessarily a bar to employment. WERE YOU EVER CONVICTED OF A CRIMINAL OFFENSE? YES NO						
High School Education	13A. Do you have a high school diploma or equivalency diploma? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Still Attending If NO or Still Attending, Highest Grade completed? _____		13B. Last High School attended _____ Street Address _____ City, State, Zip Code _____			
	High School Curriculum <input type="checkbox"/> Academic <input type="checkbox"/> Business <input type="checkbox"/> General Course <input type="checkbox"/> Other (Specify) _____					
College or Post High School Education	13C. Name & Location of College or University (If you expect to graduate within nine months, give month and year you expect to receive degree).		Dates Attended	Years Completed	# Credits or Semester Hrs Completed	
13 D. Undergraduate Fields of Study		# Credits or Semester Hrs. Completed	13 E. Graduate Fields of Study		# Credits or Semester Hrs. Completed	
13 F. Other Education or Training (for example, Trade, Vocational, Armed Forces or Business). For each list the name and location (city, state & zip code if known) of school, dates attended, subjects studied, number of classroom hours of instruction, certificate or other known data.						
14 A. Special Qualifications and skills with machines, equipment, software (office, industrial or commercial)					14 B. Typing Speed: Approx. Words per Minute _____	
15. Current Licenses or Certifications i.e. Driver's License (include endorsements & restrictions) Vehicle Inspection, R.N., CPA, Restricted Use Pesticides, Act 120						
Type of License or Certificate & License Number			Issuing Authority		Expiration Date	

COMMITTED TO DIVERSITY AND EQUITY

Bloomsburg University of Pennsylvania is committed to affirmative action by the way of providing equal educational and employment opportunities for all persons without regard to race, religion, gender, age, national origin, sexual orientation, disability or veteran status.

EMPLOYMENT HISTORY. List your experience record. Include paid employment, volunteer experience, unpaid work, and military service, which in your opinion help you to qualify for the position(s) indicated earlier. If your title or duties changed in the course of your work with a single employer, describe each position in a separate block. If necessary attach additional sheets which include your name, last 4 digits of your Social Security Number and the other information requested in Block 16 A.				
16 A. Name and Address of Employers Organization, including Zip Code		Dates Employed (Give Month & Year)		Average number of hours per week
		FROM	TO:	
		Salary or Earnings		Reason for wanting to Leave
		Beginning \$	Per	
		Ending \$	Per	
Exact Title of Your Position	Name of Immediate Supervisor	Area Code	Telephone Number	Number & Type employees you supervised
Description of Duties and accomplishments in your work				
16 B. Name and Address of Employers Organization, including Zip Code		Dates Employed (Give Month & Year)		Average number of hours per week
		FROM	TO:	
		Salary or Earnings		Reason for wanting to Leave
		Beginning \$	Per	
		Ending \$	Per	
Exact Title of Your Position	Name of Immediate Supervisor	Area Code	Telephone Number	Number & Type employees you supervised
Description of Duties and accomplishments in your work				
16 C. Name and Address of Employers Organization, including Zip Code		Dates Employed (Give Month & Year)		Average number of hours per week
		FROM	TO:	
		Salary or Earnings		Reason for wanting to Leave
		Beginning \$	Per	
		Ending \$	Per	
Exact Title of Your Position	Name of Immediate Supervisor	Area Code	Telephone Number	Number & Type employees you supervised
Description of Duties and accomplishments in your work				
17. References. List three persons who are not related to you, who have definite knowledge of your qualification and fitness for the position for which you are applying. Do not repeat names and supervisors listed under item 16.				
Full Name	Years Known	Present Business or Home Address (Number, Street, city & Zip)	Business or Occupation	Telephone Number
Certification			SIGNATURE (IN INK) OF APPLICANT	DATE
I CERTIFY THAT ALL OF THE STATEMENTS MADE BY ME ARE TRUE, COMPLETE AND CORRECT. I UNDERSTAND THE INFORMATION PROVIDED IN THE APPLICATION IS SUBJECT TO VERIFICATION, BY BLOOMSBURG UNIVERSITY, FOR EMPLOYMENT PURPOSES.				

Return to Bloomsburg University of Pennsylvania, Office of Human Resources and Labor Relations,
Room 134, Waller Administration Building, Bloomsburg, PA 17815

