

Application for Employment For Faculty, Managers, Administrators



INSTRUCTIONS: Type or print in ink. Complete both pages.

A Member of Pennsylvania's State System of Higher Education

APPLICANT'S NAME: Last		First	Initial	PHONE: Include area code	
ADDRESS: Street		City	State	Zip	COUNTY:
POSITION APPLIED FOR:		MINIMUM SALARY ACCEPTABLE:		SOCIAL SECURITY NUMBER: Last 4 digits	

Education

NAME OF HIGH SCHOOL:

ADDRESS: Street		City	State	MAJOR STUDY:		
NAME AND LOCATION OF COLLEGE/UNIVERSITY:		Mo. & Yr. From--To	Major	Total Credit Hours	Degree Received	Year Received
Undergraduate						
Graduate						
Other						

Former Employment

(begin with present position and work backwards)

JOB TITLE:	DATES EMPLOYED:		SALARY:	
	From	To	Starting	Present

ORGANIZATION OR COMPANY:

ADDRESS: Street City State Zip

NAME OF SUPERVISOR:

SUPERVISOR'S TITLE:

DESCRIBE MAJOR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

JOB TITLE:	DATES EMPLOYED:		SALARY:	
	From	To	Starting	Ending

ORGANIZATION OR COMPANY:

ADDRESS: Street City State Zip

NAME OF SUPERVISOR:

SUPERVISOR'S TITLE:

DESCRIBE MAJOR DUTIES AND RESPONSIBILITIES:

REASON FOR LEAVING:

Bloomsburg University is committed to providing equal educational and employment opportunities for all persons without regard to race, color, religion, sex, age, national origin, ancestry, lifestyle, sexual orientation, handicap, Vietnam Era veteran, or union membership. The university is additionally committed to affirmative action and will take positive steps to provide such educational and employment opportunities.

JOB TITLE:	DATES EMPLOYED:			SALARY:	
	From	To		Starting	Ending
ORGANIZATION OR COMPANY:					
ADDRESS:	Street	City	State	Zip	
NAME OF SUPERVISOR:			SUPERVISOR'S TITLE:		
DESCRIBE MAJOR DUTIES AND RESPONSIBILITIES:					

REASON FOR LEAVING:

JOB TITLE:	DATES EMPLOYED:			SALARY:	
	From	To		Starting	Ending
ORGANIZATION OR COMPANY:					
ADDRESS:	Street	City	State	Zip	
NAME OF SUPERVISOR:			SUPERVISOR'S TITLE:		
DESCRIBE MAJOR DUTIES AND RESPONSIBILITIES:					

REASON FOR LEAVING:

JOB TITLE:	DATES EMPLOYED:			SALARY:	
	From	To		Starting	Ending
ORGANIZATION OR COMPANY:					
ADDRESS:	Street	City	State	Zip	
NAME OF SUPERVISOR:			SUPERVISOR'S TITLE:		
DESCRIBE MAJOR DUTIES AND RESPONSIBILITIES:					

REASON FOR LEAVING:

LIST BY NUMBER AND YEAR ISSUED, ANY LICENSE, CERTIFICATE, REGISTRATION WHICH APPLIES TO POSITION YOU ARE APPLYING FOR:

References

(three are required)

NAME:	PRESENT BUSINESS OR HOME ADDRESS & TELEPHONE:	BUSINESS OR OCCUPATION:

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 *nolo contendere* (no contest) that result in a fine, sentence or probation. For this question disregard: minor traffic violations (no points), offenses committed before your 18th 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

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? _____ Yes _____ No

WILL YOU REQUIRE VISA SPONSORSHIP FOR EMPLOYMENT WITH OUR UNIVERSITY? _____ Yes _____ No

CERTIFICATION: I certify that all of the statements made by me are true, complete, and correct to the best of my knowledge and belief and are made in good faith.	SIGNATURE OF APPLICANT (in ink):	DATE:
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