



APPLICATION FOR EMPLOYMENT

Please print or type all information. You may sign electronically.

GENERAL INFORMATION

Date _____

Position(s) Applied For (1) _____

(2) _____

Referral Source ☐ Newspaper ☐ Friend ☐ Relative ☐ Employment Agency ☐ HigherEdJobs.com

☐ Internet Search ☐ Professional Journal ☐ Walk-in ☐

Other _____

Name

Last First Middle

Address _____

Number Street City State Zip

Home Telephone (_____) _____

Cell Phone (_____) _____ E-mail address _____

If under 18, can you provide a work permit? ☐ Yes ☐ No

Have you ever filed an application here before? ☐ Yes ☐ No If yes, give date _____

Have you ever been employed here before? ☐ Yes ☐ No If yes, give date _____

Are you currently employed? ☐ Yes ☐ No

If yes, may we contact your employer? ☐ Yes ☐ No

Are you a United States citizen? ☐ Yes ☐ No If no, do you have a valid work permit? ☐ Yes ☐ No
(Proof of citizenship or immigration status may be required upon employment)

Employment desired: ☐ Full-Time ☐ Part-Time ☐ Shift Work ☐ Temporary ☐ Overtime

When are you available for work? _____

Have you ever been convicted of a crime? ☐ Yes ☐ No

| EDUCATION | | | | |
|----------------------|----------------|--|---------------------------------|----------------|
| TYPE OF SCHOOL | NAME OF SCHOOL | LOCATION (Complete mailing address) | NUMBER OF YEARS COMPLETED | MAJOR & DEGREE |
| High School | | | | |
| College | | | | |
| Graduate School | | | | |
| Bus. or Trade School | | | | |
| Professional School | | | | |
| Special Honors | | | | |

| COMPUTER SKILLS (Only for positions which require computer skills) | | | | |
|--|--|--|---|---|
| Check off those computer skills with which you are proficient (any version). | | | | |
| <input type="checkbox"/> PC User | <input type="checkbox"/> Macintosh User | <input type="checkbox"/> Windows | <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Microsoft Access |
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Microsoft Publisher | <input type="checkbox"/> Web Page Design/ Maintenance | <input type="checkbox"/> E-mail | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Other. Please list _____ | | | | |

| EMERGENCY CONTACTS | |
|------------------------|------------------------|
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| Relationship _____ | Relationship _____ |
| Telephone (____) _____ | Telephone (____) _____ |

| MISCELLANEOUS |
|--|
| Is there any additional information involving a change of you name or assumed name that will assist us in checking your work record? If yes, explain. |
| |
| |
| |
| |

| SPECIAL SKILLS / LICENSES |
|--|
| Please list other special skills you may have, e.g., fluency in other languages, licenses, special training required for the position for which you are applying, etc. |
| |
| |
| |
| |

WORK EXPERIENCE

List employment starting with your most recent position. Account for any time during this period that you were unemployed by stating the nature of your activities. If you have less than four places of employment, include personal references to be contacted.

| | | |
|-----------------------------|--------------------------------|----------------------|
| Most Recent Employer | Dates Employed From: To: | List of Major Duties |
| Address | Supervisor | |
| Job Title | Reason for Leaving | |
| Employer | Dates Employed From: To: | List of Major Duties |
| Address | Supervisor | |
| Job Title | Reason for Leaving | |

| | | |
|-----------------|--------------------------------|----------------------|
| Employer | Dates Employed From: To: | List of Major Duties |
| Address | Supervisor | |
| Job Title | Reason for Leaving | |

| | | |
|-----------------|--------------------------------|----------------------|
| Employer | Dates Employed From: To: | List of Major Duties |
| Address | Supervisor | |
| Job Title | Reason for Leaving | |

PROFESSIONAL REFERENCES

Please list two references other than relatives.

Name _____

Name _____

Position _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone (____) _____

Telephone (____) _____

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated.

I hereby affirm that the information given by me on this application for employment is complete and accurate. I understand that any falsification or omissions will be immediate grounds for dismissal.

It is understood that, as a condition of initial or continued employment, I agree to submit to such lawful examinations, medical, substance abuse, or other, as may be required by Lincoln University. Lincoln University will pay the reasonable cost of any such examination which may be required.

If I am hired, I agree that my employment and compensation can be terminated with or without cause and without notice, at any time, at the option of Lincoln University or myself, unless otherwise specified by a Collective Bargaining Agreement, in which case the terms of the Collective Bargaining Agreement supersedes. I understand that no supervisor or other representative of Lincoln University other than the President or his designs, and in writing has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I have read and affirm as my own the above statement:

PLEASE SIGN HERE: _____ **Date** _____

***You may sign electronically**

Equal Employment Opportunity Policy: Lincoln University complies with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the EEO Data Record. This information will never be used in making employment decisions. We appreciate your cooperation.

Name _____
Last First Middle Maiden

Address _____
Number Street City State Zip

Telephone (____) _____

| I identify my gender as | Are you Hispanic or Latino? | What is your ethnicity? | Check any that apply |
|---|--|---|--|
| <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to disclose <input type="checkbox"/> Other | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to disclose | <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races <input type="checkbox"/> Prefer not to disclose | <input type="checkbox"/> Not a Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Disabled <input type="checkbox"/> Vietnam-Era Veteran <input type="checkbox"/> Disabled Veteran |

Special Employment Notice to disabled veterans, Vietnam Era veterans, and individuals with a physical or mental disability.

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below:

☐ Disabled individual ☐ Disabled Veteran ☐ Vietnam Era Veteran

Signature: _____ **Date** _____

