



APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Date of Application _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-in
 Employment Other _____

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Telephone: () _____
Area Code

If you are employed and you are under 18
can you furnish a work permit? Yes No

Are you a current St. Lawrence University employee (not Temporary)? Yes No

Have you ever been employed here before? Yes No

Are you employed now? Yes No May we contact your present employer? Yes * No
• If you choose "no" understand that we may need to contact your present employer at some point in the process: you would be contacted about that.

Are you authorized to work in the United States? Yes No
(Proof of citizenship or work authorization will be required upon employment.)

On what date would you be available to work? _____

Are you available to work Full Time Part Time Shift Work Temporary

Are you on a lay-off and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Veteran of the U.S. military service? Yes No If Yes, Branch _____

Date of discharge: _____ Were you dishonorably discharged? Yes ___ No ___

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER M/F/V/H

Education

Please complete **ALL** blanks, if you wish to attach a resume in addition to completing this section, please do so.

	High	College/University	Graduate/Professional
School Name:			
Years Completed:(Circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree:			
Describe Course Of Study:			
Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:			

Honors Received: _____

Give name, title, address including employer name, and telephone for three employment references:

(1)

(2)

(3)

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

Civic & Volunteer involvements and offices held

Employment Experience:

Please complete ALL blanks, if you wish to attach a resume in addition to completing this section, please do so.

Start with your present or last job. Include military service assignments.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Job Title	Hourly Rate/Salary		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

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

Special Skills and Qualifications

State any additional information you feel may be helpful to us in considering your application:

AUTHORIZATION & ACKNOWLEDGEMENT STATEMENT

I hereby authorize investigation of all statements in this application. I certify that such statements are true and complete to the best of my knowledge. I understand that any misrepresentation of fact in this application, my resume, or any other materials, or during any interviews, can be justification of refusal of employment or, if employed, termination from the University's employ, without advance notice at any time. I hereby also agree to hold St. Lawrence University harmless in divulging the information contained in the application form as well as any personnel records developed as a result of employment with St. Lawrence University.

I also agree to such examination by a St. Lawrence University designated physician as may be required, and agree, if employed, to abide by all regulations of St. Lawrence University.

APPLICANT'S NAME: [please print]: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____