

5345 Atlanta Hwy., Montgomery, AL 36109
(334) 386-7230 Fax (334) 386-7488
humanresources@faulkner.edu

Date: _____

Applicant Information

Full Name: _____
Last First Middle Preferred Name

Current Address: _____
Street Address Apartment/Unit #

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell/Message Phone:** _____

E-Mail Address: _____

Employment Information

Position Applying For: _____

Date Available: _____ **Salary Expected:** _____

What is your availability for work? Full Time Part Time Would you consider temporary employment? Yes No
Are you at least 18 years of age? Yes No Are you authorized to work in the U.S.? Yes No

Have you ever been employed by Faulkner? Yes No If yes, date(s) and department(s): _____

Are you related (by blood or marriage) to anyone now working for Faulkner or serving on the Board of Trustees? Yes No
If yes, name(s) and relationship: _____

Church Affiliation

Because of the religious tenets held by Faulkner University and its governing Board, it is necessary that we obtain the following information. Federal law recognizes the right of church-related institutions to seek personnel who will support the goals of the institution, including the right to select members of the church to which the institution is related.

Are you an active member of a congregation affiliated with the churches of Christ? Yes No

Name of Congregation Currently Attending

Church Location (City, State, Zip)

Equal Opportunity Employer

Educational Information

Education	Name and Location of School	Major	Did you Graduate?	Degree or Certificate Received
High School/GED			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any special skills, honors or certifications which support your qualifications: _____

Employment History

May we contact your current employer? Yes No

Current Employer: _____ Dates of Employment: _____ To _____

Job Title: _____ Ending Salary: _____

Address: _____ Phone Number: _____

Reason for Leaving: _____ Name of Supervisor: _____

Responsibilities: _____

Employer: _____ Dates of Employment: _____ To _____

Job Title: _____ Ending Salary: _____

Address: _____ Phone Number: _____

Reason for Leaving: _____ Name of Supervisor: _____

Responsibilities: _____

Employer: _____ Dates of Employment: _____ To _____

Job Title: _____ Ending Salary: _____

Address: _____ Phone Number: _____

Reason for Leaving: _____ Name of Supervisor: _____

Responsibilities: _____

Attach additional sheets as necessary.

References

List three professional references (not a relative) that are familiar with the quality of your work, have worked directly with you, and have known you for at least one year.

Name: _____ Years Known: _____

Relationship: _____ Phone Number: _____

Email Address or Full Mailing Address: _____

Name: _____ Years Known: _____

Relationship: _____ Phone Number: _____

Email Address or Full Mailing Address: _____

Name: _____ Years Known: _____

Relationship: _____ Phone Number: _____

Email Address or Full Mailing Address: _____

Background Information

Do you use alcohol, tobacco or illegal drugs? Yes No If Yes, specify: _____

Have you ever been arrested, convicted or plead guilty to a misdemeanor or felony, including traffic violations? Yes No

If yes, complete the following: (If you've received more than 3 violations, please attach another page with the appropriate information.)

<i>Date</i>	<i>Type of Violation</i>	<i>City/State</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

All employment is subject to a satisfactory background check and verification of employment eligibility through E-Verify.

Employment Eligibility

All new employees are required by law to complete the Federal Employment Eligibility Verification form (I-9)

All new employees must provide specific documents for witnessing by a Human Resources representative within 3 business days of beginning work. These documents include a valid photo ID and a document that proves you are eligible to work in the United States. **International employees:** must show Foreign Passport; U.S. Visa; I-94; I-20; and social security card or proof of application for social security card issued by the U.S. Social Security Administration. An Employment Authorization Document may be required if applicable.

Applicant Agreement

I certify that I have read and understood this employment application. All statements furnished by me in this application are true, correct and complete to the best of my knowledge. I understand that any false statements provided or omission of information on this application, or any other application materials, may result in my withdrawal from the application process or if employed, such actions may be grounds for dismissal. I also understand that employment is conditional based on the verification of employment eligibility through the U.S. Department of Homeland Security and a satisfactory background check.

I understand and agree that any information provided within this application or other application materials may be verified for accuracy and all persons named within these materials may be contacted, unless specifically noted by me within the said document.

I understand that nothing contained in this application or in the granting of an interview is intended to create any agreement between this university and myself for either employment or the provision of any benefit. Furthermore, I understand that if I am employed, my employment is based on mutual consent. I have the right to end my working relationship with Faulkner at any time and for any reason I deem appropriate. Similarly, my employment can be terminated at the discretion of Faulkner for any reason, or no reason, at any time.

In the event I am hired by Faulkner University, I agree to comply with and abide by all policies and procedures of the University.

Signature: _____ Date: _____

Background and Employment Screenings Release and Authorization

I hereby authorize Faulkner University or authorized representatives bearing this release to obtain and release any information pertaining to my background, including but not limited to, information concerning my employment history, education, character, general reputation, credit history, judgments, liens, driving history, and criminal/civil history whether same is of record or not for employment purposes. I understand that, as an applicant for a position with this university, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand my employment may be conditioned on these results as well as the results of a drug screening, if required.

I hereby fully release and discharge all sources providing information from all claims and damages arising out of or in relation to any investigation of my background and testing/screenings as outlined above, for said purposes.

I authorize representatives of Faulkner University to send this authorization and release to third persons or parties as needed to obtain needed information. I agree that a photocopy or facsimile of this document, as signed by me, will be as valid as the original.

The following information is being requested in order to obtain accurate retrieval of records:

Full Name: _____

Alias/Maiden Name(s): _____ Social Security #: _____

Date of Birth: _____ Driver's License #: _____ State: _____

Current Address: _____

_____ How long at this address? _____

Have you lived at any other address in the last seven (7) years? Yes No

If yes, please list all previous locations within the past seven (7) years and amount of time at each. (If you cannot recall a specific past address, please list city and state.) If additional space is needed, use additional page.

_____ How long at this address? _____
Street City State

_____ How long at this address? _____
Street City State

_____ How long at this address? _____
Street City State

_____ How long at this address? _____
Street City State

I have read and agree with all statements included within this form. I certify that the statements and/or information furnished by me are true, correct and complete to the best of my knowledge.

Signature: _____ **Date:** _____

For HR Office Use Only	
Request Submitted On-line _____	Date: _____
Completed Report Attached _____	Date: _____