

ALVERNIA UNIVERSITY

**400 St. Bernardine Street
Reading, PA 19607
(610) 796-8200
www.alvernia.edu**

Employment Application

Alvernia University is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

| |
|---|
| Date: _____ |
| Applicant name: _____ |
| Address: _____ _____ |
| Telephone #: _____ Social Security #: _____ |
| Position(s) Applied For: _____ |
| Type of Employment Desired: _____ Full-time _____ Part-time _____ Temporary |
| Date Available to Begin Work _____ Salary Requirements _____ |
| Hours Available to Work _____ |

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No
If so, what dates _____

Can you submit proof of legal employment authorization and identity? _____ Yes _____ No

If you are under 18, can you furnish a work permit if it is required? _____ Yes _____ No

Have you ever been convicted of a felony, or within two years a misdemeanor, which resulted in imprisonment?
(A conviction will not necessarily disqualify you from the job requested.) _____ Yes _____ No
If yes, please give dates and details: _____

Are there any criminal charges pending against you at this time? If so, please give details on a separate sheet of paper. _____ Yes _____ No

Do you have any relatives currently working for us? _____ Yes _____ No
If yes, name and relationship _____

How were you referred to us? _____

Educational History

| | HIGH SCHOOL | TECHNICAL SCHOOL | UNIVERSITY | OTHER |
|--|-------------|------------------|------------|---------|
| School Name and Location | | | | |
| Years Completed | 9 10 11 12 | 1 2 | 1 2 3 4 | 1 2 3 4 |
| Diploma Degree | Yes No | Yes No | Yes No | |
| Major Course(s) of Study/Degree Earned | | | | |

References

List three (3) references names and telephone numbers (references should be business-related):

| NAME | TITLE/COMPANY NAME | PHONE NUMBER |
|------|--------------------|--------------|
| | | () |
| | | () |
| | | () |

Employment History

Provide the following information of your past and current employers, assignments, or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

| EMPLOYER | TELEPHONE # () | DATES EMPLOYED | | TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES |
|------------------------------------|--------------------|--------------------------------|------|--|
| | | TO | FROM | |
| ADDRESS | | HOURLY RATE/SALARY STARTING | | |
| STARTING JOB TITLE/FINAL JOB TITLE | | \$ | PER | |
| IMMEDIATE SUPERVISOR & TITLE | | HOURLY RATE/SALARY ENDING | | |
| REASON FOR LEAVING | | \$ | PER | |
| MAY WE CONTACT FOR REFERENCE? | | | | |

| EMPLOYER | TELEPHONE # () | DATES EMPLOYED | | TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES |
|------------------------------------|--------------------|--------------------------------|------|--|
| | | TO | FROM | |
| ADDRESS | | HOURLY RATE/SALARY STARTING | | |
| STARTING JOB TITLE/FINAL JOB TITLE | | \$ | PER | |
| IMMEDIATE SUPERVISOR & TITLE | | HOURLY RATE/SALARY ENDING | | |
| REASON FOR LEAVING | | \$ | PER | |
| MAY WE CONTACT FOR REFERENCE? | | | | |

Employment History - Continued

| EMPLOYER | TELEPHONE # () | DATES EMPLOYED | | TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES |
|------------------------------------|--------------------|--------------------------------|------|--|
| | | TO | FROM | |
| ADDRESS | | HOURLY RATE/SALARY STARTING | | |
| STARTING JOB TITLE/FINAL JOB TITLE | | \$ | PER | |
| IMMEDIATE SUPERVISOR & TITLE | | HOURLY RATE/SALARY ENDING | | |
| REASON FOR LEAVING | | \$ | PER | |
| MAY WE CONTACT FOR REFERENCE? | | | | |

Comments (including explanation of any gaps in employment) _____

Within the last five (5) years, have you been discharged or asked to resign? If so, give details on a separate sheet of paper. For each case, provide name and address of employer, approximate date and reasons for dismissal. _____ Yes _____ No

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Experience and Qualifications – Driver’s Record (complete if applying for a position requiring use of a company vehicle). List any licenses that you had for the past ten years (attach a separate sheet of paper if necessary)

| DRIVER’S LICENSE NO. | STATE ISSUED | CLASS TYPES | EXPIRATION DATE |
|----------------------|--------------|-------------|-----------------|
| | | | |
| | | | |

Have you ever been denied a license, permit or privilege to operate a motor vehicle? _____

Has any license, permit or privilege ever been suspended or revoked? _____

(If you answered yes to either question above, please provide details on an attached paper.)

I hereby authorize Alvernia University to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability Alvernia University and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

I understand that Alvernia University will not be bound by offers of employment other than those made in official offer letters.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that persons need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

If offered a position, I understand that I will be required to submit to a pre-employment background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in Alvernia University rescinding the employment offer or terminating your employment.

For some positions, after an offer of employment is made, the University as a condition of employment may require a pre-employment medical examination or immunization(s) when it is relevant to the job. These examinations are arranged by and at the expense of the University. If a pre-employment medical examination or immunization(s) is required, it will be stated in the recruitment advertising. By applying for a specific job, you acknowledge your understanding and agreement that failure to successfully complete a required post-offer, pre-employment medical examination or immunization(s) will result in Alvernia University rescinding the employment offer or terminating your employment.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____