



2800 University Boulevard North
 Jacksonville, Florida 32211-3394

STAFF EMPLOYMENT APPLICATION

An Equal Opportunity Employer

APPLICANTS ARE CONSIDERED FOR OPEN POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL STATUS, VETERAN STATUS, SEXUAL ORIENTATION, GENDER IDENTITY, OR THE PRESENCE OF A DISABILITY.

PLEASE PRINT

Name (Last, First, Middle)		Application Date:	
Have you ever been employed under a different name? If so, please state name(s):		Email Address:	
Mailing Address:	City:	State:	Zip:
Telephone Number:	Social Security Number:	Are You at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you legally eligible for employment in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Proof of eligibility for employment will be required upon employment.</i>	

Position Applied For:	Date Available:	Salary Requirement:
Status Desired: Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Are you available and willing to work overtime? YES <input type="checkbox"/> NO <input type="checkbox"/> Please state any hours or days you are unavailable to work:	
Referral Source: Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other <input type="checkbox"/> (Please identify referral source)	Veteran of U.S. Military Service? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you been previously employed by Jacksonville University? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have reliable transportation to and from work? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes, dates: From: _____ To: _____		
Are you related to anyone employed by the University? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you agree to abide by the University Rules? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, please provide name: _____		
Have you read the posted job description? YES NO	Are you able to perform the essential functions of the job as described in the posted description? YES NO If NO, explain.	

IF YOU OMIT OR FALSIFY REQUESTED INFORMATION IN YOUR RESPONSE TO ANY OF THESE QUESTIONS, YOUR APPLICATION MAY BE DISQUALIFIED FROM CONSIDERATION OR YOU MAY BE DISCHARGED, IF HIRED.

EMPLOYMENT EXPERIENCE

Start with your present or last job.

Must Be Completed

1	Employer:	Dates Employed:		Work Performed:
		From	To	
	Address:			
	Job Title:	Hourly Rate/Salary		
		Starting	Final	
	Supervisor & Title: Telephone No.:			
Reason for Leaving:				
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				

2	Employer:	Dates Employed:		Work Performed:
		From	To	
	Address:			
	Job Title:	Hourly Rate/Salary		
		Starting	Final	
	Supervisor & Title: Telephone No.:			
Reason for Leaving:				
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				

3	Employer:	Dates Employed:		Work Performed:
		From	To	
	Address:			
	Job Title:	Hourly Rate/Salary		
		Starting	Final	
	Supervisor & Title: Telephone No.:			
Reason for Leaving:				
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				

4	Employer:	Dates Employed:		Work Performed:
		From	To	
	Address:			
	Job Title:	Hourly Rate/Salary		
		Starting	Final	
	Supervisor & Title: Telephone No.:			
Reason for Leaving:				
May we contact this employer? YES <input type="checkbox"/> NO <input type="checkbox"/>				

SPECIAL SKILLS

Summarize special skills and qualifications acquired from employment, military, or other experience or training which may be directly transferable to the job for which you are applying:

EDUCATION

Circle highest grade completed.

Grade School: 1 2 3 4 5 6 7 8 **High School:** 9 10 11 12 **College:** 1 2 3 4 **Graduate:** 1 2 3 4

Name of High School:	Location:	Major:	Degree:	Dates of Attendance:
Name of College:	Location:	Major:	Degree:	Dates of Attendance:
Name of Graduate School:	Location:	Major:	Degree:	Dates of Attendance:
Name of Vocational School:	Location:	Major:	Degree:	Dates of Attendance:

List formal or other specialized training programs attended: _____

PROFESSIONAL REFERENCES

Name	Occupation:	Address:	Phone Number:
			()
			()
			()

AGREEMENT

1. I certify that all information provided herein is true and complete to the best of my knowledge
 2. I understand that any false statements or omission of information in this application will be sufficient cause for disqualifying my application from consideration or, if hired, for discharge.
 3. I hereby authorize Jacksonville University to verify all statements contained in this application, and to contact and obtain information from all references, employers (except as limited by me herein), or any other persons or agencies having information that will assist Jacksonville University in evaluating my suitability for employment. I request any duly constituted law enforcement agency or judicial officer to furnish Jacksonville University with all information at its disposal pertaining to any criminal conviction record on me. I hereby release Jacksonville University or other individual, from any liability arising from disclosure of said information.
 4. I understand that Jacksonville University has not requested information regarding the existence of a criminal background at this time. However, I understand that Jacksonville University conducts background checks on all individuals offered employment with the University and that any offer of employment will be conditioned on the result of a background investigation. I further understand that certain information in the background check may disqualify me from employment even if I am otherwise the most qualified applicant for employment.
 5. Applicants accepted for employment should understand that while Jacksonville University makes every effort to provide steady employment, the University cannot guarantee the permanence of any position. Job tenure can be affected by many factors, including economic conditions, changes in laws, University policies, conformity to work rules, job performance, etc. Jacksonville University operates under the Employment At Will statute of the State of Florida. I further understand that no oral promise, University policy, custom, business practice or other procedure (including the University's Employee Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between me and the University.

The contents of any employee handbook or personnel manuals, as well as other University policies and practices, are subject to change or modification by the University, solely at its discretion, without notice. I also understand that no supervisor or other official of the University (except it Chief Executive Officer, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.
 6. This application will remain active for ninety (90) days. If you wish to be considered for another position you may contact the Office of Human Resources at 256-7025. Applicants needing accommodations, due to a disability, in connection with applying for a position, should contact the Office of Human Resources at 256-7025.
- This is to certify that I have read, understand, and agree with all items listed above.

Applicant's Signature

Date