APPLICATION FOR EMPLOYMENT

SOUTHEASTERN UNIVERSITY

_____ / ____ / _____
Date of Application

Southeastern University does not discriminate on the basis of race, color, sex (in compliance with Title IX of the Educational Amendments of 1972), national and ethnic origin, or handicap (in compliance with Section 504 of the 1973 Rehabilitation Act), with regards to the admission and employment policies, the educational, financial aid, athletic or other programs and privileges to students at the University.

AVAILABILITY

Position Applying for	Date Available to Start	Salary Desired

Desired Schedule: ❑ Full-time ❑ Part-time ❑ Temporary

Will you work overtime if asked? ❑ Yes ❑ No

Hours available each day: M_____ T_____ W_____ Th_____ F_____ S_____ Su_____

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	E-mail Address	
Present Street Address	City	State	Zip	Years at Present Add.
Previous Street Address	City	State	Zip	Years at Previous Add.
Bus. Phone ( )	Home Phone ( )	Cell Phone ( )	Social Security Number	

Are you over 18? ❑ Yes ❑ No Are you a U.S. Citizen? ❑ Yes ❑ No If not, can you provide proof of a right to remain and work in the United States? ❑ Yes ❑ No

EMPLOYMENT HISTORY

List employment, starting with your most recent position. Account for any time during this period in which you were unemployed by stating the nature of your activities. If you have no prior employment history, include personal references to be contacted.

May we contact your present employer? ❑ Yes ❑ No

Employer	Dates From	Dates To	Position/Title
Address			Duties Performed
City State Zip Telephone ( )			
Supervisor	Hourly Rate/Salary Starting	Hourly Rate/Salary Final	
Reason for Leaving			

Employer	Dates From	Dates To	Position/Title
Address			Duties Performed
City State Zip Telephone ( )			
Supervisor	Hourly Rate/Salary Starting	Hourly Rate/Salary Final	
Reason for Leaving			

Employer	Dates From	Dates To	Position/Title
Address			Duties Performed
City State Zip Telephone ( )			
Supervisor	Hourly Rate/Salary Starting	Hourly Rate/Salary Final	
Reason for Leaving			

Employer	Dates From	Dates To	Position/Title
Address			Duties Performed
City State Zip Telephone ( )			
Supervisor	Hourly Rate/Salary Starting	Hourly Rate/Salary Final	
Reason for Leaving			

EDUCATION

Type of School	Name and Location of School	Degree/Area of Study	Number of Years Completed	Graduated? (check one)
High School	Name City State			❑Yes ❑ No GPA_____
College	Name City State			❑Yes ❑ No GPA_____
Other	Name City State			❑Yes ❑ No GPA_____

SPECIAL SKILLS

❑ Typing ❑ Microsoft Excel ❑ Microsoft Word ❑ 10 Key (by touch) Applicable Skills or Equipment Operated:

_____wpm _____ keystrokes _____

ACADEMIC, PROFESSIONAL and CIVIC ACTIVITIES and ACHIEVEMENTS

PERSONAL STATEMENT OF FAITH

MISCELLANEOUS

Is there any additional information involving a change of your name or assumed name that will permit us to check your work record? If yes, please explain.

Have you ever been employed by Southeastern University or The Assemblies of God? ❑Yes ❑ No	Dates Employed	Which Division?	Supervisor	Position

List names of friends or relatives now employed by Southeastern University or by The Assemblies of God.

Have you ever been convicted of a crime? ❑Yes ❑ No (conviction of a crime does not automatically disqualify an applicant from consideration)
If yes, please explain:

PERSON TO CONTACT IN CASE OF EMERGENCY

This information is to facilitate contact in the case of an emergency and is not used in the selection process.

Full Name	Address	Phone	Relationship to you?
Place of Employment	Address	Phone	

I hereby affirm that the information given by me on this application is complete and accurate. I understand that any falsification will be immediate grounds for dismissal. I authorize a thorough investigation to be made in connection with this application concerning my character, general reputation, personal characteristics, employment, education background, and criminal record, whichever may be applicable. I understand that this investigation may include interviews with third parties such as family members, business associates, financial sources, friends, neighbors, and others with whom I am acquainted.

It is my understanding that as a prerequisite to consideration for employment, I must agree to submit to any post-employment examinations, physical or other, as the University may lawfully require. The University will pay the reasonable cost of any such examination which may be required.

I understand and agree that any falsification or omission either on this form or in my response to questions asked during any interview or other examination process is grounds for immediate termination of my employment no matter when the falsification or omission is discovered.

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 Southeastern University or myself. I understand that no representative of Southeastern University other than the President or a Vice President has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing.

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

Signature_____ Date_____