

Employment Application

The Office of Human Resources
15 East Peace Street, Raleigh, NC 27604
Fax: 919-508-2786



WILLIAM PEACE
UNIVERSITY
Your Success. Our Mission.

Application must be filled out completely. Please attach all other applicant materials required.

Applicant Information:

Internal Applicant

Last Name _____ First Name _____
Middle Name _____ Suffix _____

Have you ever been known under a different name? Yes No If yes, list below the names, circumstances, and dates under which each name was used. (e.g. List specific employers, specific educational institutions, etc.)

Current Address (Number and Street Name) _____
City _____ State _____ Zip Code _____ County _____
Country _____ Length of time at this address _____
Email _____ Contact Phone _____ Alternate Phone _____
Driver's License Number _____ State Issued _____

Education Information:

High School

Please select one:

High School Diploma Highest Grade Completed: _____

Name of School _____ City and State _____

Beyond High School

1. Type (Undergraduate, Graduate, Technical/Trade, Other): _____

Name of School: _____ City and State: _____

Start Date: _____ Finish Date: _____ Semester/Quarter Hours: _____

Full-time Part-time Both Degree Earned: _____ Type: _____

Date Received: _____ Major/Minor Subjects: _____

2. Type (Undergraduate, Graduate, Technical/Trade, Other): _____

Name of School: _____ City and State: _____

Start Date: _____ Finish Date: _____ Semester/Quarter Hours: _____

Full-time Part-time Both Degree Earned: _____ Type: _____

Date Received: _____ Major/Minor Subjects: _____

3. Type (Undergraduate, Graduate, Technical/Trade, Other): _____

Name of School: _____ City and State: _____

Start Date: _____ Finish Date: _____ Semester/Quarter Hours: _____

Full-time Part-time Both Degree Earned: _____ Type: _____

Date Received: _____ Major/Minor Subjects: _____

4. Type (Undergraduate, Graduate, Technical/Trade, Other): _____

Name of School: _____ City and State: _____

Start Date: _____ Finish Date: _____ Semester/Quarter Hours: _____

Full-time Part-time Both Degree Earned: _____ Type: _____

Date Received: _____ Major/Minor Subjects: _____

Additional Education and Training Information:

Are you currently enrolled in school? Yes No If yes, give name of school and course of study.

List fields of work for which you are licensed, registered, or certified. Give date and source of issuance.

Additional knowledge, skills, and abilities you possess that would be valuable.

Employment Eligibility:

Are you a United States Citizen? Yes No

If no, you must be legally authorized to work and must provide work authorization documents. Failure to do so will prevent you from being employed by the University.

Are you a veteran? Yes No

If yes, did you receive an honorable discharge? Yes No

If No, was it dishonorable? Yes No

Active Duty Dates (mm/yyyy): From: _____ To: _____ From: _____ To: _____

Total Length of Service: _____ Years _____ Months

Are you at least 18 years of age? Yes No

Are you related by blood or marriage to, or do you reside with any employee of the University? Yes No

If yes, indicate below the employee's name, department, and relationship to you.

<u>Name</u>	<u>Department</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____

Have you ever lived outside of North Carolina? Yes No

If yes, please complete:

<u>State</u>	<u>From (year)</u>	<u>To (year)</u>	<u>City</u>	<u>County</u>	<u>Name Used (if different from above)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you ever been convicted of any unlawful offense (other than a minor traffic violation; do not include expunged records or Not Guilty findings of charges)? Yes No

If yes, list below the conviction, date, county, and state of conviction. [Prayers for Judgment Continued (PJC)s, non-contested charges, and worthless checks must also be included, unless you have acted to expunge your record.]

<u>Conviction</u>	<u>Date (mm/yyyy)</u>	<u>County</u>	<u>State</u>
_____	_____	_____	_____
_____	_____	_____	_____

By completing this Application you are authorizing William Peace University to conduct a criminal convictions check on you. A criminal conviction does not in and of itself prevent you from being employed by the University. The nature of some convictions, however, may cause certain positions to be unavailable to you.

Effective January 1, 2013, in compliance with federal law, the University will verify each individual's legal status or authorization to work in the United States after hiring the individual using The Department of Homeland Security's E-Verify Program. An individual's employment will be terminated if they fail to comply with the employment authorization requirements or if it is determined that they are not authorized to work in the United States.

Position Information for which you are applying:

Position Title: _____ Reference Number: _____

Salary Desired: _____ Date available for work: _____

Shift and days available: _____

How did you hear about this position? _____

Have you ever worked for William Peace University? Yes No

If yes, list dates of employment: _____

Reason for leaving employment with William Peace University: _____

If you are currently employed by the University, please provide department, position information, supervisor name, and length in current position:

Work History:

List your present or most recent position FIRST, and then list each job you have held since High School. If you have held more than one position with any employer list separately each position held. Note to applicants, all of your relevant education and work experience is considered, thus it is important to account for all time since in High School. Include any unpaid experience, military experience, and temporary employment. Do not include work for which you received course credit. Please see "Additional Work History Form" if space is needed.

May we inquire of your present employer regarding your experience and qualifications? Yes No

1. Title of position: _____ Employer's Name: _____

Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____ Reason for Leaving: _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's Title _____

Supervisor's Phone Number (xxx-xxx-xxxx): _____ Email: _____

FT PT Both Starting Salary:\$ _____ per _____

FT Years: _____ Months: _____ Last/Current Salary:\$ _____ per _____

PT Years: _____ Months: _____ If part-time, hours per week: _____

List major duties and responsibilities, beginning with the most important.

2. Title of position: _____ Employer's Name: _____

Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____ Reason for Leaving: _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's Title _____

Supervisor's Phone Number (xxx-xxx-xxxx): _____ Email: _____

FT PT Both Starting Salary:\$ _____ per _____

FT Years: _____ Months: _____ Last/Current Salary:\$ _____ per _____

PT Years: _____ Months: _____ If part-time, hours per week: _____

List major duties and responsibilities, beginning with the most important.

3. Title of position: _____ Employer's Name: _____
Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____ Reason for Leaving: _____
Employer's Address: _____
Supervisor's Name: _____ Supervisor's Title _____
Supervisor's Phone Number (xxx-xxx-xxxx): _____ Email: _____
FT PT Both Starting Salary: \$ _____ per _____
FT Years: _____ Months: _____ Last/Current Salary: \$ _____ per _____
PT Years: _____ Months: _____ If part-time, hours per week: _____
List major duties and responsibilities, beginning with the most important.

4. Title of position: _____ Employer's Name: _____
Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____ Reason for Leaving: _____
Employer's Address: _____
Supervisor's Name: _____ Supervisor's Title _____
Supervisor's Phone Number (xxx-xxx-xxxx): _____ Email: _____
FT PT Both Starting Salary: \$ _____ per _____
FT Years: _____ Months: _____ Last/Current Salary: \$ _____ per _____
PT Years: _____ Months: _____ If part-time, hours per week: _____
List major duties and responsibilities, beginning with the most important.

5. Title of position: _____ Employer's Name: _____
Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____ Reason for Leaving: _____
Employer's Address: _____
Supervisor's Name: _____ Supervisor's Title _____
Supervisor's Phone Number (xxx-xxx-xxxx): _____ Email: _____
FT PT Both Starting Salary: \$ _____ per _____
FT Years: _____ Months: _____ Last/Current Salary: \$ _____ per _____
PT Years: _____ Months: _____ If part-time, hours per week: _____
List major duties and responsibilities, beginning with the most important.

Skills Supplements:

Computing Skills: _____

Nursing Skills: Provide RN, LPN, NP, or PA license number, expiration date, state issued

Secretarial/Clerical Skills: _____

Trades Skills: _____

Professional References: List three professional references that are not relatives or listed already under work history.
Name Occupation and Title Years Known Professional Connection, Business Name, & Contact Information

EOE Statement:

In our employment practices, William Peace University seeks to hire, promote, and retain the best qualified individuals regardless of race, creed, color, national origin, religion, gender, sexual orientation, disability, veteran status, citizenship, or on the basis of age with respect to persons 18 years or older.

Application Certification:

I hereby certify that all information on this Application, Skills Supplement(s), and/or Veteran's Information submitted is true and complete to the best of my knowledge and belief.

I authorize persons, educational institutions, employers, licensing, registering and certify boards or other organizations to provide William Peace University with any relevant information needed to consider my Application. I understand that electronic submission, via provided email address, of my Application indicates my consent to the University's verification of any information contained in the Application. I understand that false or misleading information, documentation, or an omission or failure to include all relevant information may result in rejection of my Application, or action up to and including termination if hired. I understand that if hired by William Peace University, my employment will be at-will, which means that either I or William Peace University may terminate my employment at any time and for any reason with or without cause. I understand that, if hired, as a condition of employment, I must comply with the University's directive under the provisions of the Anti-Drug Abuse Act of 1988. Should I be employed by William Peace University, I agree to abide by all policies and procedures.

Applicant Signature: _____

Date: _____