

APPLICATION FOR EMPLOYMENT

Christian Brothers University offers equal employment opportunity to all applicants for employment, regardless of sex, age, race, color, national origin, ancestry or disability.



Christian
Brothers
University

Applicant's Name _____ Date _____

Christian Brothers University
Human Resources
650 East Parkway South
Memphis, TN 38104
(901) 321-3307

Personal Information

Last Name _____ First _____ Middle _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____ Social Security Number _____

Position Desired _____ Pay Expected _____

Names of relatives employed by CBU _____

Are you available to work full-time? Yes No If not, what hours are you available? _____

When will you be available to begin work? _____

Are you legally eligible for employment in the United States? Yes No

How did you learn about the position for which you are applying? _____

Special training or skills (languages, machine operation, etc.) _____

Membership in Professional Organizations:

Have you ever been convicted of a crime (excluding minor traffic violations)? Yes No

If yes, explain: _____

Education and Training

	<u>Name and Address</u>	<u>Course or Major</u>	<u>Years (from - To)</u>	<u>Degree or Diploma</u>
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Post Graduate	_____	_____	_____	_____
Other	_____	_____	_____	_____

Complete this section if you served in the U.S. Armed Forces

Branch of Service _____ Period of Active Duty: *From* _____ *To* _____

Rank at Discharge _____ Date of Final Discharge _____

Describe your duties and any special training _____

Employment Information

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name _____ Telephone Number _____
Address _____ From _____ To _____
Name of Supervisor _____ Pay: *Beginning* _____ *Ending* _____
Job Title and Duties _____

Reason for Leaving _____ Can we contact them? Yes No

Company Name _____ Telephone Number _____
Address _____ From _____ To _____
Name of Supervisor _____ Pay: *Beginning* _____ *Ending* _____
Job Title and Duties _____

Reason for Leaving _____ Can we contact them? Yes No

Company Name _____ Telephone Number _____
Address _____ From _____ To _____
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Address _____ From _____ To _____
Name of Supervisor _____ Pay: *Beginning* _____ *Ending* _____
Job Title and Duties _____

Reason for Leaving _____ Can we contact them? Yes No

References

Please do not list relatives.

Address

Occupation

Phone

Certificates or Licenses

Registrations, Certificates or Licenses Held

State

Number

Conditions of Employment

1. I hereby certify that the information provided by me in this application is true and complete to the best of my knowledge, and I understand that falsification of this information is grounds for refusal to hire, or if hired, termination.
2. I authorize any of the persons or organizations referenced in this application to use any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to Christian Brothers University and/ or its designee.
3. I authorize Christian Brothers University and/or its designee to request, receive and verify all information given in this application.
4. In consideration for my employment by Christian Brothers University, I agree to conform to the rules and regulations of the university set forth in the university's employee handbook and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the university at any time, at the university's sole option and without any prior notice to me.
5. I further acknowledge that if I am employed by Christian Brothers University, my employment will be at will, and may be terminated with or without cause at any time by me or the university.
6. I understand that if a job offer is made, I may be required to successfully pass a drug screening test, either prior to commencement of employment or after I have been employed, as deemed necessary by the University. My signature below specifically signifies my consent to this drug screening test.

Signature _____ Date _____