



## APPLICATION FOR EMPLOYMENT

Spalding University is an Equal Employment Opportunity/Affirmative Action employer. The University complies with all federal, state and local equal employment opportunity laws. It is the University's policy not to discriminate against any individual or group of individuals and to provide equal employment opportunity to all qualified persons regardless of race, color, national origin, age, disability, religion, sex, pregnancy, sexual orientation, gender identity, marital status, military status, veteran status or other protected status. Please answer all questions as completely as possible. Please type or print clearly.

### PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Date
Other names by which you have been known (for date verification and reference checking purposes)			
Home Phone	Cellular Phone	Business Phone	Email Address
Permanent Address	City	County	State   Zip
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If hired, can you provide the appropriate legal documentation to prove that you are authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, give date, offense and outcome: (Previous convictions do not necessarily disqualify an applicant from employment)			

### EMPLOYMENT INTEREST

How were you referred to Spalding University?			
<input type="checkbox"/> Spalding Website	<input type="checkbox"/> Other Website (specify below)	<input type="checkbox"/> Employee (specify below)	<input type="checkbox"/> Advertisement (specify publication)
<input type="checkbox"/> Other _____	Name of Referral Source		
Have you ever been previously employed by Spalding? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, when and what position? _____			
Is any member of your family employed at Spalding? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, give name. _____			
Have you interviewed for another position at Spalding? <input type="checkbox"/> Yes <input type="checkbox"/> No      When and what position? _____			
Position Desired		Salary Desired	Date Available
Availability: Check all that apply <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Weekends <input type="checkbox"/> Flexible			

**EMERGENCY CONTACT INFORMATION**

Indicate Last Level Completed  High School  College  Graduate School

<i>Name of School</i> (HS, College, Technical School, Graduate School, etc.)	<i>City, State</i>	<i>Major Course of Study</i>	<i>Degree</i>	<i>Month/Year of Degree</i>

Additional education, vocational, professional, military, or other information you feel may be helpful to us in considering your application.

**EMPLOYMENT HISTORY** Please list most recent employer first.

Company Name	Complete Address	Phone
Employment Dates (Month/Year) From _____ / _____ To _____ / _____		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Job Title	Ending Job Title
Supervisor's Name and Title	Starting Salary	Ending Salary
Job Duties		

Company Name	Complete Address	Phone
Employment Dates (Month/Year) From _____ / _____ To _____ / _____		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Job Title	Ending Job Title
Supervisor's Name and Title	Starting Salary	Ending Salary
Job Duties		

Company Name	Complete Address	Phone
Employment Dates (Month/Year) From _____ / _____ To _____ / _____		
May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Starting Job Title	Ending Job Title
Supervisor's Name and Title	Starting Salary	Ending Salary
Job Duties		

**ADDITIONAL REFERENCES** List persons not related to you. Do not list supervisors previously mentioned in Employment History section.

Last Name	First Name	Address	Phone
Last Name	First Name	Address	Phone
Last Name	First Name	Address	Phone

**EMERGENCY CONTACT INFORMATION**

Name:	Home Phone:
Business Phone:	Relationship to you:

**AUTHORIZATION** Read Carefully and Sign

I certify that the information provided by me is true, accurate and complete. I acknowledge that the falsification, misrepresentation or omission of information on this application or in an employment interview will be cause for denial of employment or disciplinary action, up to and including immediate termination, regardless of when or how discovered.

It is the policy of the University to comply with all federal, state and local equal employment opportunity laws. The University does not discriminate against any individual or group of individuals and intends to provide equal employment opportunity to all qualified persons regardless of race, color, national origin, age, disability, religion, sex, pregnancy, sexual orientation, gender identity, marital status, military status, veteran status or other protected status.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

**Signature of Applicant**

**Date**

**EQUAL EMPLOYMENT OPPORTUNITY INFORMATION**  
**Self-Identification Form**

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To assist Spalding in maintaining accurate employment records and compliance with federal government reporting requirements, your assistance is requested. The information you provide (below) is considered entirely voluntary and confidential, and will be used only for data reporting requirements. If you choose not to self-identify, your employment status will not be affected in any way. We request that you complete this voluntary form and return it with your application or by email to [hr@spalding.edu](mailto:hr@spalding.edu).

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Please check the categories which apply to you:

Gender:  Male  Female

Are you of Hispanic/Latino decent?  Yes  No

If not, please choose one of the following:

Ethnic Group:

**American Indian or Alaskan Native** - A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment

**Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam

**Black or African American** - A person having origins in any of the Black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

**Native Hawaiian or Other Pacific Islander** - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

**White** - A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Non-resident Alien** - A person who has not been admitted to the United States for permanent residence.

**Vietnam Veteran Information:** Please check one if it describes your veteran status.

**SPECIAL DISABLED VETERAN:** Means (A) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veteran Affairs for a disability rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment disability or (B) a person who was discharged or released from active duty because of a service-connected disability.

**VIETNAM ERA VETERAN:** A Vietnam era veteran is a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released with other than a dishonorable discharge; (2) was discharged or released from active duty for a service connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975; or (3) served on active duty for more than 180 days and served in the Republic of Vietnam between February 28, 1961 and May 7, 1975.