

Application for Academic Employment

Human Resources Office



411 S.W. 24th Street, San Antonio, TX 78207-4689  
(210) 434-6711

**An equal opportunity employer** Applicants are considered for positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability, or any other legally protected status.

**Please type or print clearly in dark ink.**

Social Security Number:		Position Applying for:		Date of Application:		
Name: Last			First	Middle	Home Telephone (include area code):	
Please provide any other names you have used in your profession, school, or other purposes. (State all names used, dates, & circumstances.)						
Work Telephone & Extension (include area code):		Cell or Other Telephone (include area code):		Email Address:		
Address: Street		City		State		
				Zip Code		
Date available for employment:			The position for which you are applying is: <input type="checkbox"/> Full Time <input type="checkbox"/> Half Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary			
Have you ever been employed with OLLU before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full Time <input type="checkbox"/> Less Than Full Time If yes, give date & position: _____			Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have any relative(s) employed by the University? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, whom? _____  Relationship: _____  Job Title: _____			Have you ever been terminated or asked to resign from any position? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please explain (use additional paper as necessary): _____ _____			
Have you ever been convicted of, pled guilty to, or pled no contest to any felony offense? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please explain: _____ _____			Are you legally authorized to work in the United States on a full time basis? <input type="checkbox"/> Yes <input type="checkbox"/> No (All new employees are required to complete Form I-9 and show necessary documentation.)			

## EMPLOYMENT EXPERIENCE

Please attach full history in CV (Account for all periods of unemployment.)

## EDUCATIONAL BACKGROUND

	NAME OF SCHOOL	COURSE OF STUDY	DIPLOMA/DEGREE RECEIVED
COLLEGE / UNIVERSITY			
COLLEGE / UNIVERSITY			
COLLEGE / UNIVERSITY			
OTHER (SPECIFY)			

Are you now a licensed or certified member of any profession?

Yes  No      If yes, give type of license and state: \_\_\_\_\_

License or certificate number and year: \_\_\_\_\_

## APPLICANT STATEMENT

I certify that all answers given in my employment application are true and complete. I further understand that any false statement and/or omission in this application, in my resume or other attached documents, and in any supplemental information provided by me will be sufficient grounds for rejection of the application or termination of my employment.

I hereby authorize the release of information to Our Lady of the Lake University for the purpose of conducting an investigation into any or all information and statements obtained through the selection process. The scope of the investigation may include, but is not limited to, my employment, education, social security verification, criminal history, or any other information bearing on my character, general reputation, trustworthiness, or qualifications for the position for which I am considered. I further agree to hold harmless any reference complying with a request to provide the above-mentioned information. I understand that all information obtained through this investigation will become the sole property of Our Lady of the Lake University and may be used in determining my eligibility for employment.

I understand that Texas is an employment-at-will state, which means the employee or the employer is free to terminate the employment relationship at will, with or without notice, and with or without cause. No exceptions to this rule are recognized, except those clearly stated in a written agreement signed by an authorized representative of the president of the University. I understand I am to abide by all rules and regulations of the University.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Thank you for completing this application and for your interest in employment with Our Lady of the Lake University.

How did you hear about this job opportunity?

Express-News       Friend       Relative       Walk-in       Texas Workforce Commission  
 Job line       Website       Other: \_\_\_\_\_