

APPLICATION FOR EMPLOYMENT FLORIDA A&M UNIVERSITY



SUBMIT TO

OFFICE OF HUMAN RESOURCES
211 FOOTE-HILYER ADMINISTRATION CENTER
TALLAHASSEE, FLORIDA 32307

An Equal Opportunity / Equal Access University

FLORIDA A&M UNIVERSITY APPLICATION FOR EMPLOYMENT

IDENTIFICATION <small>Please Print or Type - USE BLUE OR BLACK INK ONLY</small>			
Last Name	First Name	Middle Initial	
Address (Street Number and Name) Qty		County	
State	Zip Code	Home Phone	Business Phone

PERSONAL DATA

Only United States (U.S.) citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Are you currently eligible to work in the United States? Yes No

Federal law requires proof of your authorization to work in the United States. You will be required to provide proof of your identity and employment eligibility within three (3) days of employment.

Have you ever worked at a university in the State University System of Florida or an agency of the State of Florida? Yes No
If yes, provide name(s): _____

Do you have relative(s) employed by this University? Yes No If yes, provide name(s) and relationship.

Have you pleaded nolo contendere (no contest) to, or been convicted of, a first-degree misdemeanor or a felony? Yes No
If yes, where: _____ When: _____ explain fully. *

* A conviction will not necessarily bar you from employment. Each conviction will be judged on it's own merit with respect to time, circumstances, seriousness, and the position for which you applied.

WORK PREFERENCES

Are you interested in Full-time or Part-time employment? I can begin work _____ (Date)

Class title and position number for which you are applying:

EDUCATION

Check highest grade completed:

1	2	3	4	5	6	7	8	9	10	11	12	GED	College 1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
												Graduate School	1	2	3	4	5
												<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Schools	Graduate?	Name and Location	Dates Attended	Miscellaneous Information		
High School	YES <input type="checkbox"/> NO <input type="checkbox"/>			Major emphasis in high school <input type="checkbox"/> Voc. Tech <input type="checkbox"/> Bus. <input type="checkbox"/> College Prep		
Junior/Community College(s)	YES <input type="checkbox"/> NO <input type="checkbox"/>			S/Q hrs	Maj./Min.	Degree
College(s) and/or University(s)	YES <input type="checkbox"/> NO <input type="checkbox"/>					
Graduate and/or Professional	YES <input type="checkbox"/> NO <input type="checkbox"/>					
Other Ed. Voc. Tech School(s)	YES <input type="checkbox"/> NO <input type="checkbox"/>					

EMPLOYMENT HISTORY

Please list all employment starting with present or most recent employer. Account for all periods, including unemployment and service with U.S. Armed Forces. If military experience is to be used as experience, a copy of a completed DD Form 214 must be attached. Also, include relevant voluntary and/or part-time work experience. Use additional sheets, if necessary. **May we contact your present or last employer?** **Yes** **No**

Current or Last Employer	Mailing Address
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Job Title	Supervisor's Name/Title	Phone Number
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Starting Salary	Ending Salary	Full-Time	Part-Time	Hrs. Per Week	Dates Employed
					From To

Reason for Leaving

Duties

Employer	Mailing Address
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Job Title	Supervisor's Name/Title	Phone Number
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Starting Salary	Ending Salary	Full-time	Part-time	Hrs. Per Week	Dates Employed
					From To

Reason for Leaving

Duties

Employer	Mailing Address
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Job Title	Supervisor's Name/Title	Phone Number
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Starting Salary	Ending Salary	Full-time	Part-time	Hrs. Per Week	Dates Employed
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Duties

Employer				Mailing Address			
Job Title			Supervisor's Name/Title			Phone Number	
Starting Salary	Ending Salary	Full-Time	Part-Time	Hrs. Per Week	Dates Employed		
					From	To	
Reason for Leaving							
Duties							
Employer				Mailing Address			
Job Title			Supervisor's Name/Title			Phone Number	
Starting Salary	Ending Salary	Full-time	Part-time	Hrs. Per Week	Dates Employed		
					From	To	
Reason for Leaving							
Duties							
Employer				Mailing Address			
Job Title			Supervisor's Name/Title			Phone Number	
Starting Salary	Ending Salary	Full-time	Part-time	Hrs. Per Week	Dates Employed		
					From	To	
Reason for Leaving							
Duties							
SKILLS/LICENSES/CERTIFICATIONS							
Use this space to indicate any current professional or occupational licensure, registration or certification you have (e.g., Florida Teaching Certificate, Florida Commercial Drivers Licenses, Registered Nurse Certificate, etc.) or any special knowledge, skills, or abilities you possess (e.g., typing, word processing, shorthand, computer use). If licensure or certification is required or preferred for a position vacancy, a copy of the licensure or certificate must accompany this application.							
AUTHORIZATION AND CERTIFICATION							
I hereby authorize the University to verify all information contained in this application and any supplemental hereto. I certify that the above statements are true and complete to the best of my knowledge. I further understand that any false statements made by me on this application, or any supplement information provided or any omission of any information may be grounds for immediate discharge or rejection from consideration from further employment.							
Signature _____				Date _____			
NOTE: Please feel free to supplement this application with additional sheet(s) and/or résumé if necessary.							

EQUAL OPPORTUNITY INFORMATION

The following information is requested as part of the affirmative action program and to provide statistical information in compliance with Federal and State regulations. Providing this information is voluntary. All information will be kept confidential and used only in accordance with Federal and State law. Refusal to provide information will not subject the applicant or employee to any adverse treatment.

Will you need a reasonable accommodation applicable to the Americans with Disabilities Act (ADA)? Yes No

Racial/Ethnic Data:

- Black Native American Indian or Alaskan
 Hispanic White (Non-Hispanic) Asian/Pacific Islander

Sex:

- Female Male

MILITARY SERVICE

Are you a veteran of the U.S. Military Service? Yes No *If Yes, list your beginning and ending date of active duty:

From _____ to _____

Date of discharge from the Military Service: _____. Did you receive a *dishonorable discharge from the Military? Yes No

*A response of "YES" will not necessarily bar you from employment. Each case will be judged on it's own merit with respect to time, circumstances, seriousness and the position for which you are applying.

Are you claiming Veterans' Preference under Florida Law? Yes No

Please complete the Veteran's Preference Section below and provide the appropriate documentation if you are claiming veterans' preference.

VETERANS' PREFERENCE: Check the appropriate block if you are claiming veterans' preference. Documentation substantiating your claim must be furnished at the time of application.

1. A Veteran with a compensable service-connected disability who is eligible for or receiving compensation, disability retirement, or pension under public law administered by the U.S. Veterans Administration and the Department of Defense, or
2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained by a foreign power, or
3. A Veteran who has served on active duty for one day or more during a wartime period, excluding active duty for training, and who was discharged or separated under honorable conditions from the Armed Forces of the United States of America, or
4. The unmarried widow or widower of a veteran who died of a service connected disability.

Branch of Service _____ Date of Entry _____ Date of Discharge _____

Have you claimed and been employed through veterans' preference since October 1, 1987? Yes No

If yes give name of employer: _____

NOTE: Under Florida law preference in appointment, promotion and employment retention shall be given, by the State and its political subdivisions first to those persons included in 1 and 2 above, and second to those persons included under 3 and 4 above. If any applicant claiming veterans' preference for a position is not selected for the position, they may file a complaint with the Department of Veterans' Affairs, P.O. Box 31003, St. Petersburg, Florida 33731. A complaint shall be filed within 21 days after a notice of a hiring decision. If a notice of a hiring decision is not given, a complaint may be filed at any time.