

## APPLICATION FOR EMPLOYMENT

Lincoln University is an equal opportunity employer and does not discriminate on the basis of race, color, religion, age, sex, national origin, veteran status, and mental or physical disability.

PERSONAL DATA							
PLEASE TYPE OR PRINT LEGIBLY; THIS APPLICATION IS A LEGAL DOCUMENT. RESUM SUBSTITUTE FOR COMPLETING THIS APPLICATION.	E MAY BE ATTACHED, BUT IS NO						
PRINT EXACT TITLE OF THE POSITION YOU ARE APPLYING FOR:	DATE OF APPLICATION:						
ENTER JOB CODE NUMBER (if known)	DATE AVAILABLE TO BEGIN EMPLOYMENT:						
PRINT FULL NAME	CONTACT INFORMATION						
	TELEPHONE						
	EMAIL						
LAST FIRST MIDDLE							
ARE YOU RELATED TO ANY EMPLOYEE OR CURATOR AT LINCOLN UNIVERSITY YES NO IF YES, IN WHAT DEPARTMENT IS YOUR RELATIVE EMPLOYED:	HAVE YOU THE LEGAL RIGHT TO WORK PERMANENTLY IN THE UNITED STATES?						
NAME OF RELATIVE: RELATIONSHIP:	YES NO						
EDUCATION							
HIGH SCHOOL ATTENDED: COLLEGE OR UNIVERSITY ATTENDED # YEARS ATTENDED MAJOR GRAD	GRADUATE DUATE DEGREE RECEIVED						
OTHER JOB RELATED TRAINING (I.E. MILITARY OR VOCATIONAL):							
PROFESSIONAL LICENSES OR CERTIFICATES:							
PROFESSIONAL MEMBERSHIPS:							
REMARKS:							

LIST YOUR PRESENT OR MOST RECENT JOB FIRST. CAREFULLY ACCOUNT FOR ALL RECENT EMPLOYMENT (AT LEAST THE LAST TEN YEARS). BY GIVING COMPLETE INFORMATION, YOU WILL IMPROVE YOUR CHANCES FOR EMPLOYMENT. IF YOU NEED MORE SPACE, PLEASE ATTACH ADDITIONAL SHEETS.

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO, IF 'NO' EXPLAIN:

FROM: MONTH/YEAR	TO: MONTH/YEAR	TITLE OF YOUR POSITION					
NAME OF EMPLOYER		DUTIES OF YOUR	DUTIES OF YOUR POSITION				
ADDRESS:							
NAME OF SUPERVISOR	<u> </u>	-					
NAME OF SUPERVISOR	Υ.						
PHONE		-					
REASON FOR LEAVING		NO.	ANNUAL SALARY			HOURS PER WEEK	
		SUPERVISED (IF ANY)	OR HOURLY WAGE	\$			
FROM: MONTH/YEAR	TO: MONTH/YEAR	TITLE OF YOUR I	POSITION	I	1 1		
NAME OF EMPLOYER		DUTIES OF YOUR POSITION					
ADDRESS:		_					
ADDRESS.							
NAME OF SUPERVISOF	2	-					
WAME OF SOFEKTISOF	Υ.						
PHONE		-					
			1	1	,		
REASON FOR LEAVING	Ĭ	NO. SUPERVISED (IF ANY)	ANNUAL SALARY OR HOURLY WAGE	\$		HOURS PER WEEK	
FROM: MONTH/YEAR	TO:	TITLE OF YOUR I	POSITION	1	11		
	MONTH/YEAR						
NAME OF EMPLOYER		DUTIES OF YOUR POSITION					
ADDRESS:		-					
NAME OF SUPERVISOR	2	-					
PHONE		-					
REASON FOR LEAVING	<u></u>	NO.			<u>г</u>	HOURS PER WEEK	
REASON FOR LEAVING	I	SUPERVISED (IF ANY)	ANNUAL SALARY OR HOURLY WAGE	\$		HOURS FER WEEK	
						SE INFORMATION IN THIS SULATIONS OF THE UNIVERSITY	
AFFECTING MY EMPLOY STATEMENTS OF THIS AI						RSITY TO INVESTIGATE ALL	
INFORMATION REQUEST							
						-	
	APPLIC	CANT SIGNATU	RE	DAT	TE SIGNED		
		Retu	rn to: Lincoln Univer	rsitv			
			820 Chestnut Street				
			oung Hall Room 101				
		Jetterso	n City Missouri 6510	12-0029			

Title IX Coordinator

In accordance with Title IX implementing regulations at 34 C.F.R. § 106.8(a); Lincoln University has designated one employee to coordinate its efforts to comply with and carry out its responsibilities under Title IX. The coordinator's responsibilities include investigating complaints communicated to the recipient alleging noncompliance with Title IX. Section 106.8(a) also requires Lincoln University to notify all students and employees of the name, address, and telephone number of the designated coordinator. Lincoln University Title IX Coordinator contact information is as follows:

Jim Marcantonio Human Resource Director 101 Young Hall 820 Chestnut Street Jefferson City, Missouri 65102-0029 Phone: 573 681-5019 Fax: 573 681-5787

## Non Discrimination Notice

In accordance with Title IX regulations at 34 C.F.R. § 106.9; Lincoln University does not discriminate on the basis of sex in the education programs or activities it operates. Lincoln University does not discriminate on the basis of sex in admission to or employment in its education programs or activities. Inquiries to recipients concerning the application of Title IX and its implementing regulations may be referred to the Title IX coordinator or to OCR.

Title IX Coordinator- Jim Marcantonio Human Resource Director 101 Young Hall 820 Chestnut Street Jefferson City, Missouri 65102-0029 Phone: 573 681-5019 Fax: 573 681-5787

Office for Civil Rights Kansas City U.S. Department of Education 8930 Ward Parkway Suite 2037 Kansas City, MO 64114 Tel.: (816) 268-0550 Fax: (816) 823-1404