



Application for Employment for Lourdes University

PERSONAL INFORMATION:

Legal Name: _____ Date: _____

Address: _____

Preferred Telephone Number: _____

Preferred e-mail: _____

Are you 18 years of age or older? Yes No

Are you either a U.S. citizen or an alien authorized to work in the U.S.? Yes No

Please list all the names you may have used for previous employment or school: N/A

Expected compensation: \$ _____

Are you related to anyone working for Lourdes? No Yes (name)

Have you previously worked for Lourdes? Yes No

If yes, please, provide dates: From: _____ To: _____

Have you been convicted of a crime or violation other than a minor traffic infraction? Yes No

If yes, please explain: _____

(Please note: a conviction record will not necessarily be a bar to employment. Factors such as the nature or gravity of any offense or conduct; the time elapsed since the conviction and/or completion of any jail sentence; and the responsibilities of the job being filled)

Have you ever had a license or certification revoked? Yes No

If yes, please explain: _____

POSITION APPLYING FOR:

Position: _____ Date available: _____

How did you learn about this opening? _____

PROFESSIONAL REFERENCES:

Name: _____ Phone Number: _____

Email: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____

Email: _____

Position or Title: _____ Years Known: _____

Name: _____ Phone Number: _____

Email: _____

Position or Title: _____ Years Known: _____

EDUCATION:

High School: _____ Graduated Yes No

Technical School: _____ Graduated Yes No

College/University

Bachelor's: _____

Graduated Yes No

Master's: _____

Graduated? Yes No

Doctoral: _____

Graduated? Yes No

Post-Doctorate: _____

Graduated? Yes No

Other Education/Training: _____

Graduated? Yes No

WORK EXPERIENCE:

Please list previous employment for the past 10 years, up to the latest four jobs, beginning with the most recent:

Employer: _____ From: _____ to: _____

Address: _____

Position Held: _____ Reason for leaving: _____

Supervisor's Name/Title: _____ May we contact? Yes No

Description of Duties: _____

Employer: _____ From: _____ to: _____

Address: _____

Position Held: _____ Reason for leaving: _____

Supervisor's Name/Title: _____ May we contact? Yes No

Description of Duties: _____

Employer: _____ From: _____ to: _____

Address: _____

Position Held: _____ Reason for leaving: _____

Supervisor's Name/Title: _____ May we contact? Yes No

Description of Duties: _____

WORK EXPERIENCE CONTINUED:

Employer: _____ From: _____ to: _____

Address: _____

Position Held: _____ Reason for leaving: _____

Supervisor's Name/Title: _____ May we contact? Yes No

Description of Duties: _____

Authorization and Acknowledgements

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE; I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

It is the policy of Lourdes University to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, sexual orientation, national origin, genetic information, marital status, expunged juvenile records, or pregnancy. It is the policy of Lourdes University to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, any and other characteristic protected by Federal, State or Local law.

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 Lourdes University 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.

Applicant's Signature: _____ Date: _____

Press the button below to clear all form data.

To submit the form, save the form and attach to email along with any other documents to resume@lourdes.edu