

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email : \_\_\_\_\_

Position applying for: \_\_\_\_\_ Available start date: \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation?

Yes  No If no, describe the functions that cannot be performed:

\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

Do you have any friends or relatives working for WJU?  Yes  No If yes, state name(s) and relationship(s):

What is your motivation for wanting to work for WJU? \_\_\_\_\_

Are you currently employed?  Yes  No If so, may we contact your current employer?  Yes  No

Special skills/certifications or research work: \_\_\_\_\_

Organization(s) you are a member of and/or activities you participate in: \_\_\_\_\_

Exclude organizations that indicate race, creed, sex, age, marital status, color or nation of origin.

EDUCATION	NAME AND LOCATION OF SCHOOL*	# OF YEARS ATTENDED	DID YOU GRADUATE?	DEGREE EARNED	SUBJECTS STUDIED/DEGREE(S) EARNED
HIGH SCHOOL					
COLLEGE					
COLLEGE					

\*use additional paper if you attended more schools. You may also submit a resume to substitute for this section of the application.

**ADDRESSES:** List your previous home addresses over the last 10 years. Attach a separate sheet if necessary.

Residence Address	City	State	Zip Code	# of Years at this address

Please complete and sign reverse side

**CURRENT AND FORMER EMPLOYERS** (list previous three employers, starting with current or last one first)

Date Month and Year	Name and Address of Employer	Position	Reason for Leaving
From			
To			
From			
To			
From			
To			

**REFERENCES:** List three persons not related to you who have knowledge of your work performance within the last three years.

Reference Name	Phone Number	Years Acquainted	Relationship	Address

In accordance with the Jeanne Clery Act, the WJU Department of Campus Safety issues an Annual Security Report that includes, but is not limited to, documentation of campus policies, significant annual crime and fire statistics, protection devices and/or programs, as well as any Emergency Action Plans and Procedures that have been created.

The William Jessup University Annual Security Report can be found online at:

<http://my.jessup.edu/campussafety/wp-content/uploads/sites/20/2013/06/WJU-Annual-Security-Report-20142.pdf>

**Please Read Carefully, Initial Each Paragraph and Sign Below**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the  
Initials answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize William Jessup University to thoroughly investigate my references, work record, education and other matters  
Initials related to my suitability for employment and, further, authorize the references I have listed to disclose to the university any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release William Jessup University, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my  
Initials employment, if hired, is intended to create an employment contract between me and the University. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the opinion of either myself or the University, and that no promises or representations contrary to the foregoing are binding on the University unless made in writing and signed by me and the University's designated representative.

\_\_\_\_\_ In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to  
Initials complete the required employment eligibility verification document form upon hire.

**Date:** \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_