

APPLICATION FOR EMPLOYMENT

Schreiner University does not discriminate in admissions, educational programs, extra-curricular programs or employment against any individual on the basis of that individual's race, color, sex, sexual orientation, religion, age, disability, veteran status or ethnic origin.

The Office of Human Resources is available to individuals who need additional assistance completing this application form. A separate application is required for each position. Applications for Staff/Professional positions will only be accepted if a position is open. Faculty applications are accepted at any time.

PLEASE PRINT OR TYPE

Last Name	First	Middle	Social Security Number
Other Name(s) Used			Home Telephone # ()
Address	City	State	Zip
Position Applying For			Email Address
			Date of Application

How did you learn about this position?

- Newspaper Advertisement, which one? _____
 SU Website
 Friend/Relative
 SU Employee, who? _____
 Other _____

Have you ever been employed with us before? Yes, provide date _____ No

If hired, will you be able to provide proof of your eligibility to work in the United States? Yes No

If currently employed, may we contact your present employer? Yes No

On what date would you be available for work? _____

Are you available to work: Full Time 3/4 Time Part Time Temporary

Can you travel if a job requires it? Yes No

Can you work weekends and/or evenings if the job requires it? Yes No

If relevant to the position for which you are applying, can you furnish insurance eligibility and current driver's licenses information? Yes No

Have you been convicted of, or plead guilty including deferred adjudication or no contest, to a felony conviction (other than minor traffic violation) within the last 7 years? Yes No
If yes, provide dates, types, circumstances, etc.

A conviction will not necessarily disqualify an applicant from employment.

EDUCATION AND SKILLS

Name and Location of School	# of Years Completed	Did you Graduate? If no, provide number of credits earned.	Degree Earned or Major
<i>High School</i>			
<i>College or University</i>			
<i>College or University</i>			
<i>College or University</i>			
<i>Trade, Business or Technical School</i>			
<i>Other</i>			

Academic Achievements and Activities: Please list academic honors, scholarships or fellowships; publications; memberships; or participation in offices held in extracurricular activities relevant to the job for which you are applying. (Exclude items which could reveal race, color, religion, creed, gender, national origin, age, ancestry, disability, veteran status, sexual orientation or any other protected status)

List any specialized training, apprenticeship or skills relevant to your ability to perform the job for which you are applying. (Exclude items which could reveal race, color, religion, creed, gender, national origin, age, ancestry, disability, veteran status, sexual orientation or any other protected status)

Relevant to the position for which you are applying, indicate training/skills that you are efficient in:

- Fax Machine
- Copy Machine
- Typewriter
- Calculator
- IBM Computer (compatible)
- Macintosh Computer

- Microsoft Office Software:**
- Access Excel Word
 - Outlook PowerPoint
 - Windows XP

- HTML Editors:**
- Frontpage Dreamweaver

- Tools/Machinery:**
- Paving Equipment
 - Painting Equipment
 - Mower – Riding
 - Lawn Equipment
 - Cleaning Tools
 - Floor Cleaning Equipment
 - Carpenter Tools

- Other:**
- CPR/First Aid
 - First Aid

Languages (speak, read, write)

Are you capable of performing in a manner, with or without reasonable accommodation, the essential functions involved in the job or occupation for which you are applying? A description of the essential functions involved in a job or occupation are available in the applicable Job Description. Yes No

EMPLOYMENT EXPERIENCE

Please provide your work history starting with your present or last job. Include any *job-related* military and/or volunteer activities. Attach additional pages if necessary. Do not leave any spaces blank even if a resume is attached.

1.

Employer: _____ City/State: _____

Name & Title of Supervisor: _____ Telephone Number () - _____

Date Employment Began / / Beginning Salary: _____ Starting Title: _____

Date Employment Ended / / Ending Salary: _____ Ending Title: _____

Description of Primary Responsibilities:

Reason for Leaving:

2.

Employer: _____ City/State: _____

Name & Title of Supervisor: _____ Telephone Number () - _____

Date Employment Began / / Beginning Salary: _____ Starting Title: _____

Date Employment Ended / / Ending Salary: _____ Ending Title: _____

Description of Primary Responsibilities:

Reason for Leaving:

3.

Employer: _____ City/State: _____

Name & Title of Supervisor: _____ Telephone Number () - _____

Date Employment Began / / Beginning Salary: _____ Starting Title: _____

Date Employment Ended / / Ending Salary: _____ Ending Title: _____

Description of Primary Responsibilities:

Reason for Leaving:

Please explain any periods of unemployment _____

Applicants for Faculty or Professional positions should attach a separate sheet stating your basic philosophy of education.

PROFESSIONAL REFERENCES

List three professional references that can provide assessment of your abilities, experience, and character.

Name	City and State	Telephone/Email	Relationship

ADDITIONAL INFORMATION

Provide additional information that is relevant to the position for which you are applying:

APPLICANT’S CERTIFICATION AND AGREEMENT

I certify the facts set forth in this application for employment and any attachments provided herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application and/or attachments and understand that, false statements, omissions or misrepresentations on this application or during an interview may result in rejection of my application or termination of employment, whenever discovered.

I authorize all schools which I attended and all of my previous employers to furnish to the University my records, reasons for leaving, and all information they may have concerning me. I hereby release them and their employees and the University and its employees from all liability for any damage whatsoever arising therefrom. I also authorize investigation of all statements in this application and the contacting of provided professional references.

I understand and acknowledge that, should I be employed with the University, the employment relationship I have with the University will be on an **“AT-WILL”** basis. This means that I am free to terminate my employment with the University at any time without cause or notice and that the University is similarly entitled to terminate my employment without cause or notice. I understand that only an authorized officer of the University may alter the at-will nature of my employment status, and that any such changes in status may be effected only by an express written document.

I understand that I am required to abide by all rules and regulations of the University. I understand that as a condition of my being hired, I will be asked to submit for review and copying, documents establishing my identity and legal authorization to work in the United States, and, I will also be asked to sign an DHS Form 1-9 under penalty of perjury indicating that I am authorized by immigration laws to obtain employment in the U.S.

Signature of Applicant

Date

RELEASE AUTHORIZATION

APPLICANT REVIEW AND COMPLETE THE FOLLOWING:

I. In connection with my application for employment, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my: workers' compensation injuries, driving record, court record, education, credentials, credit, and references. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

II. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws.

III. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

IV. Disclosure to Employment Applicant Regarding Procurement of a Consumer Report - In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law. Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested. The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on the document titled "A Summary of Your Rights under the Fair Credit Reporting Act". By your signature below, you hereby authorize us to obtain a consumer report about you in order to consider you for employment. This report will be processed by: Instant People Check, PO Box 1508, Coeur d'Alene, ID 83816.

V. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

VI. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by **Schreiner University** or its agent, to furnish the information described in Section 1.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name	LAST	FIRST	MIDDLE
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Please print other names you have used

Home Address	City	State	Zip Code
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Social Security Number	Date of Birth
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The states of AL, AR, FL, GA, IA, IL, IN, MI, OR, SC, TX, and WI require sex and race to obtain information:

Sex: Male Female Race: Asian Black Hispanic White Other

Drivers License Number	State Issuing License	Name as it appears on license
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Signature	Date
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Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, DC 20580.

A Summary of Your Rights under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

• You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address and phone number of the agency that provided the information.

• You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:

- A person has taken adverse action against you because of information in your credit report;
- You are the victim of identify theft and place a fraud alert in your file;
- Your file contains inaccurate information as a result of fraud;
- You are on public assistance;
- You are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

• You have the right to ask for a credit score. Credit scores are numerical summaries of your credit worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

• Consumer reporting agencies must correct or delete inaccurate, incomplete or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

• Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

• Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need - usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

• You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

• You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• Identity theft victims and active duty military personnel have additional rights. For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management Mail Stop 6-6 Washington, DC 20219 1-800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act of 1921	Department of Agriculture Office of Deputy Administrator -GIPSA Washington, DC 20250 202-720-7051