



Faulkner University
— A CHRISTIAN UNIVERSITY —

Application for Employment

HUMAN RESOURCES OFFICE 5345 Atlanta Highway Montgomery, AL 36109

Date _____

Name _____ Social Security No. _____

Street Address _____

City _____ State _____ Zip _____

Complete Insert A

Home Telephone _____ Work/Message Telephone No. _____

Because of the religious tenets held by Faulkner University and its governing Board, it is necessary that we obtain the following information:

Church Membership _____

Specific Name and Address of Home Congregation _____

EMPLOYMENT DATA

Position applied for _____ Salary Expected _____

Date available _____ What is your availability for work? Full Time Part Time

Would you like to be considered for temporary employment? Yes No

Were you previously employed by Faulkner University? Yes No

If yes, when and in what capacity? _____

Do you have any relatives employed by Faulkner University? Yes No

If yes, name and relationship _____

Do you smoke? Yes No Do you use illegal drugs? Yes No

Have you ever been convicted of a misdemeanor or felony? Yes No **If yes, complete Insert B.**

EDUCATIONAL DATA

Name and Address of School	Major	Did you graduate?	Degree/Certificate Date Received
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS/TRADE SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SPECIAL SKILLS

List any special skills, awards or honors that you have received or any information which supports your qualifications.

EMPLOYMENT EXPERIENCE

List below your employment history, beginning with your most recent position.

1. Employer _____ Dates employed: from _____ to _____

Address _____ Salary _____

Job Title _____ Work Performed _____

Supervisor _____

Reason for leaving _____
2. Employer _____ Dates employed: from _____ to _____

Address _____ Salary _____

Job Title _____ Work Performed _____

Supervisor _____

Reason for leaving _____
3. Employer _____ Dates employed: from _____ to _____

Address _____ Salary _____

Job Title _____ Work Performed _____

Supervisor _____

Reason for leaving _____

REFERENCES

List three persons who are **not** related to you and who have knowledge of your qualifications.

Full Name	Years Known	Present Address	Business/ Occupation	Telephone

Applicant Agreement

Read carefully before signing.

I certify that the statements or information furnished by me in this application are true and correct. I understand that any false answers or information given in this application or any supplement thereto, or the omission of pertinent information may result in withdrawal of any employment offer, or if hired, immediate dismissal. I also understand that any offer of employment or employment is conditioned on a satisfactory background check.

I hereby authorize Faulkner University to make a thorough investigation of my employment record and references, including the authority to request a college transcript and a criminal conviction report. I hereby release Faulkner University and all persons, companies or corporations supplying such information from liability or responsibility in connection with such investigation.

I understand that nothing contained in this application or in the granting of an interview is intended to create any agreement between Faulkner University and myself for either employment or the provision of any benefit. I understand that my employment, if employed, can be terminated, with or without cause, at any time by the University or myself.

Signature

Date



**FAULKNER UNIVERSITY
RELEASE AND AUTHORIZATION FORM**

I hereby authorize **Faulkner University** or authorized representatives bearing this release to obtain and release any information pertaining to my background, including but not limited to, information concerning my employment history, education, character, general reputation, credit history, judgments, liens, driving history, criminal/civil history and any other public records, for employment purposes. I hereby fully release and discharge all sources providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes.

Name: _____
First, Middle, Last -- Print Clearly

Date of Birth: _____ **Social Sec. No.:** _____

Driver's License No.: _____ **State** _____

Current Address _____

Signature **Date**

For Human Resources Office Use Only	
Request submitted on-line _____	_____
Signature	Date
Completed Report Attached _____	_____
Signature	Date