

Staff & Faculty Employment Application



Date of Application _____

Southeastern University does not discriminate on the basis of race, color, sex (in compliance with Title IX of the Educational Amendments of 1972), national and ethnic origin, or handicap (in compliance with Section 504 of the 1973 Rehabilitation Act), with regards to the admission and employment policies, the educational, financial aid, athletic or other programs and privileges to students at the University.

AVAILABILITY

Position Applying For	Date Available to Start	Salary Desired
Desired Schedule: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary		
Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Hours Available Each Day: M____ Tu____ W____ Th____ F____ S____ Su____		

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Email Address		
Current Address	City	State	Zip	Years at Current Add.	
Previous Address	City	State	Zip	Years at Previous Add.	
Business Phone	Home Phone		Cell Phone		

Are you over 18? Yes No | Are you a U.S. citizen? Yes No | If not, can you provide proof of a right to remain and work in the United States? Yes No

EMPLOYMENT HISTORY

List your employment history, starting with your most recent position. Account for any time during this period in which you were unemployed by stating the nature of your activities. If you have no prior employment history, include personal references to be contacted.

May we contact your present employer? Yes No

①	Employer _____	Position/Title _____	Dates: _____
	Address _____	Duties Performed _____	From _____
	City/State/Zip _____	_____	To _____
	Phone _____	_____	Hourly Rate/Salary: _____
	Supervisor _____	_____	Starting _____
	Reason for Leaving _____	_____	Final _____
②	Employer _____	Position/Title _____	Dates: _____
	Address _____	Duties Performed _____	From _____
	City/State/Zip _____	_____	To _____
	Phone _____	_____	Hourly Rate/Salary: _____
	Supervisor _____	_____	Starting _____
	Reason for Leaving _____	_____	Final _____
③	Employer _____	Position/Title _____	Dates: _____
	Address _____	Duties Performed _____	From _____
	City/State/Zip _____	_____	To _____
	Phone _____	_____	Hourly Rate/Salary: _____
	Supervisor _____	_____	Starting _____
	Reason for Leaving _____	_____	Final _____
④	Employer _____	Position/Title _____	Dates: _____
	Address _____	Duties Performed _____	From _____
	City/State/Zip _____	_____	To _____
	Phone _____	_____	Hourly Rate/Salary: _____
	Supervisor _____	_____	Starting _____
	Reason for Leaving _____	_____	Final _____

EDUCATION

Type of School	Name/Location	Degree/ Area of Study	Number of Years Completed	Graduated? (Check one)
High School	Name: City/State:			<input type="checkbox"/> Yes <input type="checkbox"/> No GPA:
College	Name: City/State:			<input type="checkbox"/> Yes <input type="checkbox"/> No GPA:
Other	Name: City/State:			<input type="checkbox"/> Yes <input type="checkbox"/> No GPA:

SPECIAL SKILLS

Typing Microsoft Excel Microsoft Word 10 Key (by touch) Applicable Skills or Equipment Operated:
 _____ wpm _____ keystrokes _____

ACADEMIC, PROFESSIONAL and CIVIC ACTIVITIES and ACHIEVEMENTS

PERSONAL STATEMENT OF FAITH

MISCELLANEOUS

Is there any additional information involving a change of your name or assumed name that will permit us to check your work record? If yes, please explain.

Have you ever been employed by Southeastern University
 or the Assemblies of God? Yes No

_____ Dates Employed _____ Which Division? _____ Supervisor _____ Position

List names of friends or relatives now employed by Southeastern University or by the Assemblies of God:

I hereby affirm that the information given by me on this application is complete and accurate. I understand that any falsification will be immediate grounds for dismissal. I authorize a thorough investigation to be made in connection with this application concerning my character, general reputation, personal characteristics, employment, education background and criminal record, whichever may be applicable. I understand that this investigation may include interviews with third parties such as family members, business associates, financial sources, friends, neighbors and others with whom I am acquainted.

It is my understanding that as a prerequisite to consideration for employment, I must agree to submit to any postemployment examinations, physical or other, as the university may lawfully require. The university will pay the reasonable cost of any such examination that may be required.

I understand and agree that any falsification or omission either on this form or in my response to questions asked during any interview or other examination process is grounds for immediate termination of my employment no matter when the falsification or omission is discovered.

If I am hired, I agree that my employment and compensation can be terminated with or without cause and without notice at any time, at the option of Southeastern University or myself. I understand that no representative of Southeastern University other than the president or a vice president has the authority to enter into any agreement for any specific period of time or to make any agreement contrary to the foregoing.

I have read and affirm as my own the above statement.

Signature _____

Date _____