AUBURN UNIVERSITY



Auburn University is an Equal Opportunity/Affirmative Action Employer. It is our policy to provide equal employment opportunities, including provisions for training for individual advancement, for all individuals without regard to race, sex, age, religion, color, national origin, disability, **APPLICANT DATA FORM** or veteran status.

PRINT OR TYPE IN B	LACK INK										
LAS		FIRS	T MID	DDLE	SOCIAL SECURITY #	DAYTIME PHONE		TYPE OF EMI	PLOYMENT	DESIRED: (A	May Check More Than One)
NAME						5/// / / / / / / / / / / / / / / / / /		☐ Regular ☐ Full-Time			
PRESENT	STREET		CITY	STATE	ZIP CC	DDE	-	TYPE OF POSITION DESIRED:			
ADDRESS OTHER NAMES PREVIOUSLY USED UNDER WHICH RECORDS MAY BE LOCATED					DATE AVAILABLE	MINIMUM SALARY REQU	IRED	May Check Mo ☐Administrativ ☐ Professional			☐ Crafts/Trades ☐ Service/Maintenance
EDUCATION NAME OF SCHOOL					CIRCLE YEAR COMPLETED	MAJOR	•	GRADUAT YES/NO			OBTAINED
HIGH SCHOOL					8 9 10 11 12 GED			YES/INO			
COLLEGE					FR. SO. JR. SR.						
GRAD. OR VOC. SCH	IOOL										
GRAD. OR VOC. SCH	IOOL										
EMPLOYMEN	NT HISTORY S	TART WITH MOS	T RECENT. YOU MAY ATTACH AN ADD	DITIONAL SHEET OR RESUME IF	YOU PREFER. HOWEVER, IT WILL I	NOT SUBSTITUTE FOR COMF	PLETION OI	THIS SECTION	ON.		
		HOURS		C	DRGANIZATION		IMME	IMMEDIATE			
FROM (MO/YR)	TO (MO/YR)	PER WEEK	NAME OF ORGANIZATION	N	ADDRESS	POSITION HELD	SUPERVISOR		SALARY	REASON FOR LEAVING	
BRIEFLY DESCRIBE	MAJOR DUTIES OF PO	OSITIONS PREVI	OUSLY HELD AND FURTHER DETAIL	S OF QUALIFICATIONS:							
OTHER INFORM	MATION AND SKI	ILLS		TYPING ——WPM			COMPUTER Types:				
LICENSES MEDICAL TERMINOLOGY					☐ SHORTHANDWPM		OTHER OFFICE EQUIPMENT:				
CERTIFICATIONS					☐ DICTAPHONE	EQUIPMENT.					
DRIVER'S LICENSE NUMBER AND STATE								LABOR SHOP EQUIPMENT:			
COMPUTER PROGRAMMING LANGUAGES:					☐ LABORATORY EQUIPMENT:						
OTHER											
	EN CONVICTED OF A	CDIME (EEI ONV	OR MISDEMEANOR INCLUDING DUI)	OTHER THAN POLITINE TRACE	FIC CITATIONS?	NO.					
			T NECESSARILY A BAR TO EMPLOY								
NAMES OF RELATIVES EMPLOYED BY THE UNIVERSITY:					RELATIONSHIP: DEPARTMENT:						
HAVE YOU EVER BE	EN DISCHARGED OR	FORCED TO RE	SIGN FROM EMPLOYMENT?	S NO IF YES, GIVE NA	ME OF EMPLOYER(S) AND REASON	(S):					

HAVE YOU BEEN PREVIOUSLY EMPLOY	ED AT AUBURN UNIVERSITY?	☐ NO IF YES, LIST THE DATE	S OF EMPLOYMENT _								
TITLE:	DEPARTMENT:	UNDER WHAT NA	ME DID YOU WORK? _								
ARE YOU CURRENTLY ENROLLED IN CL	_	YES NO			HOW MANY	CREDIT HOURS ARE VO	U ENROLLED FOR THIS TERM?				
ARE YOU PREVENTED FROM LAWFULL' PROOF OF CITIZENSHIP OR IMMIGRATIC	Y BECOMING EMPLOYED IN THIS COUN		TION STATUS? YES	□ NO	HOW WANT	CREDIT HOURS ARE TO	U ENROLLED FOR THIS TERM!	_			
U. S. MILITARY BRANCH OF SERVICE DATE OF SERVICE FROM TO						RANK					
DESCRIBE ANY TRAINING RECEIVED TH	HAT YOU FEEL IS RELEVANT:										
to verification, and that if this info or, if already employed, for imminvestigative consumer report malam acquainted. This inquiry incithe right to make a written requel understand that the University any time during employment to the understand that this application will be for no definite period, regor without notice, and the Universany agreement to the contrary. Any I acknowledge that I have received	will be given every consideration, but it is andless of the period of payment of my we sity has the same right. No one other than y such modification or agreement must be in and understand written instructions regard	III in b P re au re gu S S	Applicant's Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar's or Placement Office of all educational institutions attended to release an official copy of my transcript if requested. In addition, I authorize any law enforcement jurisdiction to release any information requested regarding my background to Auburn University. Selective Service Certification: I certify that I comply with the provisions of the United States Military Selective Service Act (50 U.S.C. App. 453) by having registered with the Selective Service Board or that I am not required by law to register.								
APPLICANT	T SIGNATURE			DA	ATE						
		DO NOT V	WRITE BELOW	THIS LINE							
						TEST RESULTS					
								_ _ _ _ _			
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