

APPLICATION FORM

PRINT OR TYPE IN BLACK INK

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

	1	FIRST	MIDD	LE	SOCIAL SECURITY #	DAYTIME PHONE		TEMPORARY	EMPLOYM	ENT: (May Check More Than One)
NAME	ME							FULL TIME		PART-TIME
ADDRESS	STREET		CITY	STATE	ZIP CODE			TYPE OF POSITION DESIRED: (May Check More Than One)		
OTHER NAMES PREVIOUSLY USED UNDER WHICH RECORDS MAY BE LOCATED					DATE AVAILABLE MINIMUM SALARY REQUIRED					☐ Professional ☐ Service/Maintenance
EDUCATION NAME OF SCHOOL					CIRCLE YEAR COMPLETED	MAJOR		GRADUATE YES/NO		DEGREE OBTAINED
HIGH SCHOOL					8 9 10 -11 12 GED			160,00		
COLLEGE					FR. SO. JR. SR.					
GRAD OR VOC SCH	IOOL									
OR VOC SCI	IOOF									
MPLOYMENT	HISTORY START V		NT. YOU MAY ATTACH AN ADDITION	AL SHEET OR RESUME IF YO	OU PREFER. HOWEVER, IT WILL N	OT SUBSTITUTE FOR COM	PLETION O	F THIS SECT	ION.	
EMPLOY FROM (MO:YR)	TO (MO/YR)	HOURS PER WEEK		1	PROGRAMIZATION		IMMEDIATE			
THOM (MO: TH)	TO (MO/TH)	PEHWEEK	NAME OF ORGANIZATION	ATION	ADDRESS	POSITION HELD	SUPE	RVISOR	SALAFIY	REASON FOR LEAVING
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HAVE YOU BEEN PREVIOUSLY EMPLOY	ED AT AUBURN UNIVERSITY? TYES TH	O IF YES, LIST THE DATES	B OF EMPLOYMENT:					
TITLE:	DEPARTMENT:	UNDER WHAT NA	ME DID YOU WORK?			TC		
	ASSES AT AUBURN UNIVERSITY? TYES							
	LETE YOUR COURSE OF STUDY?				HOW MAN	Y CREDIT HOURS ARE YOU ENR	OLLED FOR THIS TERM?	
PROOF OF CITIZENSHIP OR IMMIGRATION	ON STATUS WILL BE REQUIRED UPON EMPLOY	CAUSE OF VISA OR IMMIGRA (MENT.	TION STATUS? [] YES [) NO				
U. S. MILITARY	BRANCH OF SERVICE		DATE OF SERVICE FROM	10		RANK		
DESCRIBE ANY TRAINING RECEIVED TH	HAT YOU FEEL IS RELEVANT:				***************************************			
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Applicant's Agreement:			Applicant's Release:					
I hereby state that the Information given by me on this form and in any interview is certified to be true and complete, it understand that this information is state found to be unitue, incomplete, or misrepresented in any way, this will be cause for rejection of my application, and that if this information is tater found to be unitue, incomplete, or misrepresented in any way, this will be cause for rejection of my application, if already employed, for immediate dismissal. I also understand that the University may investigate my driving record and my criminal record, and that a investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, and others with whor I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that if have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation I understand that the University reserves the right to require me to submit to a medical examination, including a drug/alcohol test, prior to employment any time during employment to the extent permitted by faw. I understand that this application will be given every consideration, but it is not a promise of employment. I further understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I understand that I have the right to terminate my employment at any time, without notice, and the University has the same right. No one other than the President of the University has the authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing.						I horeby 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 furisdiction 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.		
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