

Employment Application

APPLICANT INFORMAT	ION						
Last Name		First Name		M.I	I.	Date Available for work	
Street Address				Apartment/Unit	#		
City		State			Zip Code		
Phone		E-mail Addr (Required fo Background	r				
Date Available							
Position Applied for		,	Гуре of employme	nt de	esired	Full Time	Part Time
Are you legally authorized work and accept new employment in the U.S.?	d to YES	NO					
Do you now, or will you in future, require sponsorship from the University in ord obtain, extend or renew you authorization to work in the U.S.?	er to Pur YES	NO					
Have you ever worked for University of New Haven			If yes, when and in what role?				
Are you currently employed	ed? YES	NO 0	If so, may we contact your employer?	YE		e you YES	NO
Shift available (check all t apply)	hat 1st 2nd	3rd	Are you available twork overtime if required?	0	YES		NO
Are you available to work evenings if YE required?	S NC)	Are you a work week required?				NO
EDUCATION							
High School (Name & Loc	cation)						
Did you graduate?	YES	NO	Degree				
College (Name & Location)							
From To	Did you graduate?	YES	NO	Г	Degree		
College (Name & Loc	ation)						
From To	Did you graduate?	YES	NO	Г	Degree		

List any other relevant profe	essional schooling	g, training, or certi	ficates (e	etc.). t	hat you w	ould like	us to k	now about			
PREVIOUS EMPLOYMENT	•										
Company					Phone						
Address			1		Supervisor						
Job Title											
Responsibilities									•		
From	То	Reason for Leav	vina								
May we contact your previo			YE	ES	NO						
J 31 P 31	1					•					
Company					Phone ()						
Address			1		Supervisor						
Job Title											
Responsibilities					_						
From	То	Reason for Leav	vino								
May we contact your previo			YE	ES	NO						
	•										
Company					Phone	()					
Address					Supervisor						
Job Title											
Responsibilities									•		
225ponoromaeo											
From	То	Reason for Leaving	g								
May we contact your previo			YES	$_{\rm S}$	NO						

SKILLS and QUALIFICATIONS							
Summarize any professional special skills and qualifications that you want us to know about.							
References							
Name:		Phone & Email Address:	Years Known				
Name:		Phone & Email Address:	Years Known	1			
Name:		Phone & Email Address:	Years Known:				
DISCLAIMER AND SIGNATURE							
I hereby certify that all statements made by me and all documents (including this application and any resume if attached) in connection with my application for employment are true, correct and complete. I understand that any falsifications, omissions, or misrepresentations may cause my application to be rejected and, if I am employed, my employment may be terminated at any time. I authorize the University of New Haven and its duly authorized agents and employees to check references and to investigate all matters necessary to							
determine my suitability for the position sought, including all information provided by me and to verify accuracy of such information. I hereby release from liability and hold harmless the University of New Haven, its employees and agents, and any and all persons, corporations, or organizations who provide truthful information in good faith in response to the above authorization.							
Should I be employed by the University of New Haven, I agree to conform to the rules, regulations, and policies of the University as they presently exist or are subsequently modified, with appropriate notification to the University community, in accord with University policy. I further understand that the University follows the "Employment-at-Will" principle of employment which provides the University or the employee the opportunity to end the employment relationship at any time, except for unlawful reason and in conjunction with a collective bargaining agreement if applicable. The employment-at-will relationship may be modified only in a written agreement signed by the President of the University.							
The University is an Equal Opportunity / Affirmative Action Employer. The University does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.							
By signing this statement of Acknowledgement/Certification, I certify that I have read the above statement and accept the terms and conditions set forth.							
Signature			Date				