

Submit to:
Human Resources
Southwestern University
P.O. Box 770
Georgetown, TX 78627-0770
Phone: (512) 863-1435

Fax: (512) 863-1880 www.southwestern.edu/hum-res

Date of application

Middle

APPLICATION FOR EMPLOYMENT

Job#

First

EQUAL OPPORTUNITY EMPLOYER: Southwestern University is committed to the principal of equal opportunity for all persons without regard to race, color, religion, age, sex, disability, national origin, or any other characteristic protected by law.

General Information
Position Applied for

Last

Name

Address (Street/Route/P.O. Box)			City	State	Zip			
Telephone (Day)	Telephone (Evening)		ening)	Email Address				
Do you have a valid driver's license?	□ yes	□ no	If you are employed, may your present employer?		yes 🗖 no			
State Lic.# E Can you show proof of eligibility to work in this country?		Type □ no	Have you been convicted lf yes, explain:	ed of a felony?	yes □ no			
Are you over 18 years of age? Have you been employed under any other name? If yes, please list:	□ yes	□ no □ no	Date available					
Have you ever been employed by Southwestern University? If Yes, please list dates:	,	□no	Available for:	ıll-time □ Part-time □	Temporary			
Education and Training		[
Education: Circle Highest Grade Completed Give Name and Location of Last High School Attended: 1 2 3 4 5 6 7 8 9 10 11 12 GED								
Name and Location of College, University,								
Business or Trade School	<u> </u>	rom	То	Title	Date			
Please list any other training and education w	hich would fu	urther quali	fy you for the position.					

Name Address	Address			Telephone		
Employment Record						
Instructions: Beginning with your most recent job, list below jobs which military service assignments or volunteer work. You may exclude orgation other protected status. YOU MAY ATTACH A RESUME IF YOU WISI space, please continue on a separate sheet of paper.	nizations which ind	icate race, color,	religion, gender, national	origin, disability or		
LIST NAME, ADDRESS & PHONE NUMBERS OF PREVIOUS EMPLOYERS WITH MOST RECENT EMPLOYER FIRST	FROM	то	IMMEDIATE SUPERVISOR	LAST SALARY (Hr.,Mo., or Yr.		
1. Job Title						
Employer Name		<u> </u>	Discours ()			
Address			Phone ()			
Duties						
Reason for Leaving						
2. Job Title						
Employer Name						
Address			Phone ()			
Duties						
Reason for Leaving						
3. Job Title						
Employer Name						
Address			Phone ()			
Duties						
Reason for Leaving						
4. Job Title						
Employer Name						
Address			Phone ()			
Duties						
Reason for Leaving						
Special Skills/Qualifications						
Add any additional special job-related skills or qualifications you certifications, foreign language proficiency, office/computer skill		red from your ex	xperiences (for examp	le, licenses /		
Applicant's Statement (Please read and sign below	r.)					
certify that all answers given in this application are true and complete. I amay be necessary in arriving at an employment decision and do not hold Son formation obtained in this process. I also understand that false or mislead consideration for employment or discharge at any time. I further understand	uthorize investigation outhwestern Universi ding information giver	ty or any other indi n in my interview o	vidual involved in this inver this application may resu	stigation liable for It in elimination from		
Jniversity.	Date					