

North Greenville University
Post Office Box 1892
Tigerville, South Carolina 29688-1892
864.977.7000

APPLICATION FOR EMPLOYMENT

This application must be filled out in detail. Please print in ink or type. Failure to complete all sections, or to sign the application, may result in your application being returned for completion, causing delay or disqualification. A resume may be attached but not substituted for completing the application.

PERSONAL DATA

Date _____ Name _____
Last First Middle
Mailing address _____
Street Apt. Number P.O. Box
Telephone _____
City State Zip Code Home Work
Social Security Number _____ May we call you at work? _____

Are you legally eligible for work in the United States yes no

EMPLOYMENT DATA

Use this space to describe the type of work you are seeking, or position you are interested in:

Are you willing to accept the following type positions? (Answer all three)

Full Time yes no Part Time yes no Temporary yes no

Date available for work? _____ Salary Desired? _____

Have at any time ever:

Been arrested for any reason? yes no

Been convicted of, or pleaded no contest to, any crime? yes no

Engaged in, or been accused of, any child molestation, exploitation, or abuse? yes no

Are you aware of:

Having any traits or tendencies that could pose any threat to children, youth or others? yes no If yes, please explain. Use additional pages as needed.

Have you previously been employed with us? yes no If yes, give date _____

Do any of your friends or relatives work here? [] yes [] no If yes, give name _____

Do you possess a valid driver's license? [] yes [] no If yes, give license ID# _____
State _____

Computer Skills – List software/applications in which you are proficient . . . _____

WORK EXPERIENCE

If you are presently employed, may we contact your employer? _____

List employers, starting with present or most recent employer:

Company Name	Telephone		
Address	Dates Employed -	From	To
Name of Supervisor	Weekly Pay Rate -	Start	Final
Reason for Leaving			
Duties			

Company Name	Telephone		
Address	Dates Employed -	From	To
Name of Supervisor	Weekly Pay Rate -	Start	Final
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Duties			

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Address	Dates Employed -	From	To
Name of Supervisor	Weekly Pay Rate -	Start	Final
Reason for Leaving			
Duties			
Comments: Include explanation of any gaps in employment			

EDUCATION

Note: For positions requiring submission of transcripts, certificates, or licenses, this application is not complete until such documentation is received. Attach such documentation if required.

	School Name and Location	Course of Study	No.of Yrs. Completed	Did you Graduate
Graduate	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
College	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Bus./Trade	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
High School	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
Elementary	_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

REFERENCES

Name	Address	Telephone
_____	_____	_____
Name	Address	Telephone
_____	_____	_____
Name	Address	Telephone
_____	_____	_____

