



WINGATE UNIVERSITY APPLICATION FOR EMPLOYMENT

EQUAL OPPORTUNITY EMPLOYER: It is the policy of Wingate University to abide by all Federal and State laws prohibiting employment discrimination solely on the basis of a person's race, color, creed, national origin, religion, age (over 40), sex, marital status or physical handicap, except where a reasonable, bona fide occupational qualification exists.

GENERAL INFORMATION

FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

POSITION(S) APPLIED FOR: _____

CHECK THE OPTIONS YOU WOULD CONSIDER: FULL-TIME ___ PART-TIME ___ TEMPORARY ___

LIST ANY RELATIVES WORKING FOR WINGATE UNIVERSITY: _____

WERE YOU PREVIOUSLY EMPLOYED BY WINGATE UNIVERSITY? YES ___ NO ___ DATES _____

ARE YOU LEGALLY AUTHORIZED OR PERMITTED TO WORK IN THE U.S.? YES ___ NO ___

CAN YOU PERFORM THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING? YES ___ NO ___

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES ___ NO ___

IF YES, WHEN, WHERE AND WHAT WAS THE DISPOSITION OF THE CASE? _____

EDUCATION AND TRAINING

HIGH SCHOOL: _____ GRADUATED: YES ___ NO ___ YEAR _____

COLLEGE: _____ GRADUATED: YES ___ NO ___ YEAR _____

COLLEGE: _____ GRADUATED: YES ___ NO ___ YEAR _____

TRADE SCHOOL: _____ GRADUATED: YES ___ NO ___ YEAR _____

ANY OTHER TRAINING: _____

OTHER SPECIAL SKILLS: _____

EXPERIENCE

LIST THE LAST 10 YEARS WORK EXPERIENCE BEGINNING WITH MOST RECENT

EMPLOYER 1: _____ TYPE OF BUSINESS: _____

ADDRESS: _____ CITY: _____ STATE: ___ ZIP: ___ PHONE: _____

DATES EMPLOYED: FROM: _____ TO _____ TITLE: _____

NAME OF SUPERVISOR: _____ REASON FOR LEAVING: _____

EMPLOYER 2: _____ TYPE OF BUSINESS: _____

ADDRESS: _____ CITY: _____ STATE: ___ ZIP: ___ PHONE: _____

DATES EMPLOYED: FROM: _____ TO _____ TITLE: _____

NAME OF SUPERVISOR: _____ REASON FOR LEAVING: _____

EMPLOYER 3: _____ TYPE OF BUSINESS: _____

ADDRESS: _____ CITY: _____ STATE: ___ ZIP: ___ PHONE: _____

DATES EMPLOYED: FROM: _____ TO _____ TITLE: _____

NAME OF SUPERVISOR: _____ REASON FOR LEAVING: _____

REFERENCES

LIST PERSONS KNOWN, BUT NOT RELATED, TO YOU FOR AT LEAST THREE YEARS

	NAME	TITLE	PHONE	YEARS KNOWN
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

APPLICANT'S CERTIFICATION

PLEASE READ CAREFULLY BEFORE SIGNING. IF YOU HAVE ANY QUESTIONS REGARDING THE FOLLOWING STATEMENTS, PLEASE ASK FOR ASSISTANCE.

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND THE STATEMENTS MADE BY ME IN THIS APPLICATION ARE CORRECT AND COMPLETE. I UNDERSTAND THAT ANY FALSE INFORMATION CONTAINED IN THIS APPLICATION MAY RESULT IN MY DISCHARGE.

I AUTHORIZE YOU TO COMMUNICATE WITH ALL FORMER EMPLOYERS, SCHOOL OFFICIALS AND PERSONS NAMED AS REFERENCES. I HEREBY RELEASE ALL EMPLOYERS, SCHOOLS AND INDIVIDUALS FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER RESULTING FROM GIVING SUCH INFORMATION.

I FURTHER UNDERSTAND THAT THIS APPLICATION IS VALID FOR A PERIOD OF 90 DAYS. ANOTHER APPLICATION MAY BE REQUIRED FOR CONSIDERATION OF FUTURE OPENINGS AFTER THAT TIME.

I UNDERSTAND THAT, IF OFFERED EMPLOYMENT, AND AS WINGATE UNIVERSITY DEEMS NECESSARY, I MAY BE REQUIRED TO WORK OVERTIME HOURS OR HOURS OUTSIDE A NORMALLY DEFINED WORK DAY OR WORK WEEK.

IF EMPLOYED BY WINGATE UNIVERSITY, I UNDERSTAND AND AGREE THAT SUCH EMPLOYMENT MAY BE TERMINATED AT ANY TIME AND WITHOUT ANY LIABILITY TO ME FOR ANY CONTINUATION OF SALARY, WAGES OR EMPLOYMENT BENEFITS.

SIGNATURE: _____ DATE: _____

WINGATE UNIVERSITY COMMENTS ONLY BELOW THIS LINE: