

Middle Georgia State University Employment Application

Name _____	_____	_____	_____
Last	First	Middle	Email Address
Address _____	_____	_____	_____
Street or Route	City	State	Zip Code
			Daytime Telephone Number

Position Applying For: _____

Type of Employment (check all that apply) Full Time Part Time Temporary

Are you eligible to work in the United States?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are you 18 years of age or older?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are you currently employed at Middle Georgia State University?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
If YES, what is your current job title and department?			
Have you ever been employed at Middle Georgia State University?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
If YES, what were your dates of employment and reason for leaving?			
Are you related to any current Middle Georgia State University employee?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
If YES, what is their name and relationship to you?			
If required for your position, do you have a valid driver's license?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
If YES, state of issuance, license # and expiration date.			
Have you ever been convicted of a felony?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____
If YES, please explain.			

Skills Please list technical, trade, and clerical skills relevant to this position. Include relevant software packages of which you have working knowledge:

Education

_____	_____	Did you graduate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	_____	_____	_____
High School	City/State				Graduation Date	Degree Received	Major
_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO		_____	_____	_____
Vocational/Technical	City/State				Graduation Date	Degree Received	Major
_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO		_____	_____	_____
College	City/State				Graduation Date	Degree Received	Major
_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO		_____	_____	_____
College	City/State				Graduation Date	Degree Received	Major
_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO		_____	_____	_____
College	City/State				Graduation Date	Degree Received	Major

Employment History Please list your employment history beginning with your most recent position.

1.	Dates Employed From: _____ To: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Job Title: _____
	Starting Salary: _____ Final Salary: _____	Organization Name and Address: _____	
	Supervisor's Name, Title & Phone #: _____		
	Primary Duties _____		
2.	Dates Employed From: _____ To: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Job Title: _____
	Starting Salary: _____ Final Salary: _____	Organization Name and Address: _____	
	Supervisor's Name, Title & Phone #: _____		
	Primary Duties _____		
3.	Dates Employed From: _____ To: _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Job Title: _____
	Starting Salary: _____ Final Salary: _____	Organization Name and Address: _____	
	Supervisor's Name, Title & Phone #: _____		
	Primary Duties _____		

References

1.	Name _____	Email Address _____	Telephone Number _____	May we contact your current references? <input type="checkbox"/> YES <input type="checkbox"/> YES, but only if I am a finalist <input type="checkbox"/> NO
2.	Name _____	Email Address _____	Telephone Number _____	
3.	Name _____	Email Address _____	Telephone Number _____	

Applicant's Certification and Agreement Please read carefully, sign and date.

I certify that the information given on this application is true and correct. I understand that any false information, willful or negligent misrepresentation, or failure to disclose any requested information will constitute sufficient grounds for the University to terminate my employment without notice. I agree to take appropriate pre-employment tests required by the University on the basis of position requirements and I authorize investigation of any and all references and statements made on this application. Additionally, I understand that as a prerequisite for employment, federal law requires that I present documents verifying identity and employment eligibility.

Signature of Applicant

Date

Admission policies, activities, services, and facilities of the University do not exclude any person on the basis of race, color, age, sex, religion, national origin, or disability. Middle Georgia State University is an Affirmative Action Program Institution. Any individual who requires assistance for admission to or participation in any program, service, or activity of Middle Georgia State University under Title II of the Americans with Disabilities Act should contact the designated Title IX and Section 504 Coordinator:

Title IX Contact (for non-students): Director of Human Resources, Cochran Campus, (478) 934-3066
 Title IX Contact (for students): Registrar, Macon Campus, (478) 471-2900
 Section 504 Contact (students and non-students): Director of Disability Services, Cochran Campus, (478) 934-3023

INFORMATION GIVEN IS SUBJECT TO THE GEORGIA OPEN RECORDS LAW AND MAY BE MADE AVAILABLE UNDER THAT STATUTE.