



## STAFF EMPLOYMENT APPLICATION

### GENERAL

Full legal name \_\_\_\_\_

	Last	First	Middle
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Address \_\_\_\_\_

Street	City	State	Zip Code
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Home Phone # \_\_\_\_\_ Bus. Phone # \_\_\_\_\_

Social Security # \_\_\_\_\_ E-mail Address \_\_\_\_\_

May we call you at work?  Yes  No

### JOB INTEREST

Position desired \_\_\_\_\_ Pay expected \$ \_\_\_\_\_

If hired, what date will you be available for work? \_\_\_\_\_

Do you wish to work:  Full-time;  Part-time;  Temporary

If part-time, specify hours or days \_\_\_\_\_

How or by whom were you referred to us? \_\_\_\_\_

\_\_\_\_\_

Have you ever been employed by Lynchburg College?  Yes  No

If yes, give dates and job title \_\_\_\_\_

Names of friends or relatives employed by Lynchburg College. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Lynchburg College's Annual Security Report and Fire Safety Report is available online at <http://www.lynchburg.edu/securityandfiresafetyreport.pdf>. **The security report includes:** descriptions of campus safety measures and procedures, including access to campus, security considerations in the maintenance of campus facilities, campus safety officers, emergency telephones, emergency response and evacuation procedures, and security alerts to notify students and employees of serious safety threats, and the Daily Crime Log; instructions for reporting crimes or other safety emergencies occurring on campus; statistics regarding certain crimes reported as having occurred on campus, on other property controlled by Lynchburg College, and on public property adjacent to campus; policy information regarding alcohol, other drugs, missing persons, and sexual misconduct; and personal safety tips. **The fires safety report includes:** a listing of fire safety features in Lynchburg College's residential facilities for students; statistics regarding fires in residential facilities for students; and information regarding fire safety policies, fire drills, evacuation, fire safety education, and the Fire Log. A printed copy of the Security Report and Fire Safety Report is available upon request from the Office of Human Resources (434/544-8126).



# EMPLOYMENT RECORD

Please give accurate, complete full -time and part -time employment record. Start with present or most recent employer:

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
State Job Title and describe your work:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone (     ) \_\_\_\_\_  
Employed (Indicate month and year)  
From \_\_\_\_\_ To \_\_\_\_\_  
Pay Rate      Hourly or    Annually  
Start \$ \_\_\_\_\_ Last \$ \_\_\_\_\_  
Reason for Leaving:  
\_\_\_\_\_  
\_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
State Job Title and describe your work:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone (     ) \_\_\_\_\_  
Employed (Indicate month and year)  
From \_\_\_\_\_ To \_\_\_\_\_  
Pay Rate      Hourly or    Annually  
Start \$ \_\_\_\_\_ Last \$ \_\_\_\_\_  
Reason for Leaving:  
\_\_\_\_\_  
\_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
State Job Title and describe your work:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone (     ) \_\_\_\_\_  
Employed (Indicate month and year)  
From \_\_\_\_\_ To \_\_\_\_\_  
Pay Rate      Hourly or    Annually  
Start \$ \_\_\_\_\_ Last \$ \_\_\_\_\_  
Reason for Leaving:  
\_\_\_\_\_  
\_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
State Job Title and describe your work:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone (     ) \_\_\_\_\_  
Employed (Indicate month and year)  
From \_\_\_\_\_ To \_\_\_\_\_  
Pay Rate      Hourly or    Annually  
Start \$ \_\_\_\_\_ Last \$ \_\_\_\_\_  
Reason for Leaving:  
\_\_\_\_\_  
\_\_\_\_\_

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_  
State Job Title and describe your work:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone (     ) \_\_\_\_\_  
Employed (Indicate month and year)  
From \_\_\_\_\_ To \_\_\_\_\_  
Pay Rate      Hourly or    Annually  
Start \$ \_\_\_\_\_ Last \$ \_\_\_\_\_  
Reason for Leaving:  
\_\_\_\_\_  
\_\_\_\_\_

## BUSINESS REFERENCES

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

Are you 16 years of age or older?  Yes  No      Do you have a valid driver's license?  Yes  No

Are you a U.S. citizen?  Yes  No

If no, are you legally eligible for employment in the U.S.?  Yes  No

Have you been convicted of a felony/misdemeanor in which a fine of \$25 or more was imposed?  Yes  No

If yes, please give details. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(A conviction will not necessarily bar you from employment. Each conviction is judged on its own merits with respect to how long ago the conviction was, the circumstances and seriousness of the offense, and on the relationship between the offense and the position applied for.)

- *I authorize the College to verify the information on this application. I certify that the information given is complete and true to the best of my knowledge and belief. I understand that if hired, any misstatement of material fact on this application could result in my dismissal from employment at Lynchburg College.*
- *I understand that Lynchburg College will hire only United States citizens and aliens lawfully authorized to work in the United States, and that all new employees must complete an Employment Eligibility Verification Form and present satisfactory evidence of identity and employment eligibility as required by 8 U.S.C. 1324A and Virginia Code Section 50.1-11.1.*
- *In consideration of my employment, I agree to conform to the rules and regulations of Lynchburg College; and it is understood that employment at the College is terminable at the will of either the employee or the College, at any time and for any reason, with or without cause.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FAIR CREDIT REPORTING ACT DISCLOSURE

In conjunction with my *Curriculum Vitae* and any accompanying documents and/or my application for employment (including contract services) with you, my prospective employer, I understand that you intend to hire Selection.com to obtain Consumer Reports and / or Investigative Consumer Reports (hereinafter called "Reports") about me as defined in the Fair Credit Reporting Act (FCRA). These "Reports" may include information concerning my credit worthiness, credit standing, credit capacity, character, academic background, credentials, work habits, work performance, work experience, reasons for work termination, general reputation, personal characteristics or mode of living. You also may seek information concerning my employment history, workers' compensation history, motor vehicle record, education background, civil litigation history and/or criminal record.

I understand that you may rely on any or all of the above referenced information in determining whether to extend an offer of employment to me. If you contemplate making an adverse employment-related decision that will affect me based, in whole or in part, upon a "Report" obtained from Selection.com, I will be provided with a copy of the "Report" and a written summary of my Consumer Rights under the FCRA before you finalize that decision.

I have read the above disclosure and I hereby authorize you, Selection.com or its authorized agents to obtain the above referenced information about me. I also authorize all agencies, bureaus, employers, information service organizations and individuals to provide any of the above referenced knowledge or information they have concerning me. If I am hired, this authorization shall remain on file and shall serve as an ongoing authorization for you to obtain "Reports" about me from Selection.com at any time during my employment with you. A photocopy or facsimile of this authorization shall be as valid as the original. I agree that any and all disputes arising from this "Report" shall be brought only in state or federal court in the State of Ohio and shall be governed by, and construed in accordance with, the laws of the State of Ohio.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

THIS FORM IS FOR PERMANENT RETENTION IN PERSONNEL FILE.

### Notice to California Applicants:

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by Selection.com during normal business hours. You may also obtain a copy of this file, either in person or by mail, by submitting proper identification and paying the costs of duplication services. You may also receive a summary of the file by telephone by being able to provide adequate identification as to allow Selection.com to determine with reasonable certainty that you are the subject of the report. Selection.com is required to have personnel available to explain your file to you and must explain to you any coded information appearing in your file. If you appear in person, another person of your choice may accompany you, providing that this additional person furnishes proper identification.

By checking this box, I request to receive a free copy of any consumer report ordered on me.