

EDUCATION/SKILLS

Name and location of high school attended _____

Circle highest grade completed : 1 2 3 4 5 6 7 8 9 10 11 12

Are you a high school graduate? Yes No

If you did not complete high school, do you have a high school equivalency certificate (GED)? Yes No

Circle number of years of post-high school education. 1 2 3 4 5 6 7

Name and Location of Institution	Hours	Degree	Major or Specialty
_____	_____	_____	_____
_____	_____	_____	_____

Describe knowledge, skills, or abilities which relate to the position for which you are applying _____

Please check the box that best describes your skill level and experience:

Application	Course Work	Some Experience	Proficient
Spreadsheets (MS Excel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word Processing (MS Word)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Base (MS Access)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Presentation (MS Power Point)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-Mail (MS Outlook)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data Entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MILITARY SERVICE

Have you served in the U.S. Armed Forces? Yes No

Entry date _____ Discharge date _____

Describe duties and any special training: _____

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 () _____
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Address _____
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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

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 University 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 the University of Lynchburg.*
- I understand that the University of Lynchburg 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 the University of Lynchburg; and it is understood that employment at the University is terminable at the will of either the employee or the University, 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.