

# Application for Employment

## Lock Haven University of Pennsylvania

Office of Human Resources, J205 East Campus, Lock Haven, PA 17745  
570-484-2033

Lock Haven University of PA (LHUP) is a member of the Pennsylvania State System of Higher Education (PASSHE) and is an affirmative action/equal opportunity employer committed to excellence through diversity and through providing equal employment to minorities, females, veterans, and disabled veterans. LHUP will conduct background investigations for employment.

Instructions: Type or print in ink – no pencil

Dr. Date: \_\_\_\_\_  
 Mr.  
 Name:  Ms. \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last Name Birth Name (if different) First Name MI  
 Address: \_\_\_\_\_ Birth Date: (optional) \_\_\_\_\_  
Number Street Home Phone No. \_\_\_\_\_  
 \_\_\_\_\_ Work Phone No. \_\_\_\_\_  
City State Zip County

Position applying for \_\_\_\_\_ Will you accept temporary work  Yes  No

List special qualifications/skills (office, industrial, nursing, publications, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have experience in:  MS Excel  MS Access  MS Word  Web Page Development  
 Other Software \_\_\_\_\_

**To be completed for clerical positions :**

Can you type?  Yes WPM \_\_\_\_  No  
 Can you take shorthand?  Yes WPM \_\_\_\_  No

Current licenses or certificates (Registered Nurse, Electrical, Mechanics State Inspection License, etc. )


If you are applying for a position that requires driving, do you possess a current /valid driver's license?  Yes  No State \_\_\_\_\_  
 If yes, indicate class:  Car or light duty truck  Commercial truck \_\_\_\_\_ Driver's License # (required)

### Education

(official post-secondary transcripts are required prior to appointment)

Training	Name and Location (city, state, and zip if known)	Did you Graduate?	Semester Hours	Type of Degree	Major Course of Study
High School					
Technical , Business, or other school					
College, University, or Professional School					

Within the last five years have you been discharged or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details on a separate sheet of paper. For each case, provide name and address of employer, approximate date, and reasons for dismissal.	Are you presently eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a veteran of the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, were you honorably discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony(s) or misdemeanor offense or have you forfeited bond or collateral in connection with a criminal charge? (Conviction of a criminal offense is not a bar to employment in all cases. Each case is considered on its merits.) <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>yes</b> , give details on a separate sheet of paper.	Are there any criminal charges (felony, misdemeanor, other) pending against you at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please give details on a separate sheet of paper.

## Employment History (complete or attach resume or curricular vitae)

May we contact your present employer regarding your employment record?  Yes  No

Are you retired under the State Employees' Retirement System or Public School Employees' Retirement System?  Yes  No

List your employment record. Start with present employment; include paid employment, volunteer, or unpaid work, and military service which in your opinion, helps to qualify you for the job you want. If your title and duties changed in the course of your work with one employer, describe the changed duties in a new block. (Attach additional sheet, if needed, and include your name, social security number, and the same information).

Present Employer:	Dates Employed:
Complete Address: <span style="float: right;">County :</span>	Phone:
Supervisor Name and Title:	Reason for Leaving:
Your Position(s) and Description of Duties:	

List all other jobs held within the last ten years beginning with the most recent:

Employer:	Dates Employed:
Complete Address: <span style="float: right;">County:</span>	Phone:
Supervisor Name and Title:	Reason for Leaving:
Your Position(s) and Description of Duties:	

Employer:	Dates Employed:
Complete Address: <span style="float: right;">County:</span>	Phone:
Supervisor Name and Title:	Reason for Leaving:
Your Position(s) and Description of Duties:	

Have you ever been disciplined by your current or previous employer?  Yes  No If yes, provide details on a separate sheet of paper.

### References

List three persons who are not related to you and who have definite knowledge of your qualifications. Consideration for employment may be delayed until three individuals have been contacted.

Full Name	Years Known	Present Business or Home Address (Number, Street, City, State, Zip)	Telephone

**To be employed, you must be able to perform the essential functions of the job with or without accommodations.**

I certify that all statements made by me on this application and any supporting material included are true and correct to the best of my knowledge and belief, and are a full and complete disclosure. I agree that if employed, any misrepresentation or falsification regardless of when discovered, shall justify disciplinary action, including termination. I understand that Lock Haven University will conduct a complete background investigation as part of the hiring process. I also authorize LHUP to contact my previous employers and the references listed above. **The application must be signed and dated to be considered.**

\_\_\_\_\_  
Signature of Applicant (ink only)  
Updated 10/19/2007

\_\_\_\_\_  
Date