



EMPLOYMENT APPLICATION

PLEASE TYPE OR PRINT. Complete each side of the application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box. Applications with missing or invalid job titles will not be considered for any position.

Date	Position	Desired Salary	Date Available to Start
Name (Last, First, Middle)		Social Security Number	
Street Address		City, State & Zip	Email Address
Home Phone	Work Phone	Cellular Phone	
Emergency Contact Name/Relationship		Emergency Contact Number	
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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	Type of Employment (circle one please) Full-time Part-time Temporary Work Study	
Are you currently employed at Life University?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & department	
Have you ever been employed by Life University?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, dates of employment & reason for leaving	
Are you related to any current Life University employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, name & relationship to you	
If required for 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 crime or violation other than a minor traffic infraction? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain.			
How did you learn about this employment opportunity at Life University? Check all that apply.			
<input type="checkbox"/> Advertisement <input type="checkbox"/> Walk-in <input type="checkbox"/> Life University Website <input type="checkbox"/> GA Dept. of Labor <input type="checkbox"/> Referral by a L.U. employee: _____ <input type="checkbox"/> Other: _____			

Employment and Experience . In the areas below, please account for past work experience with your most recent employment listed first. Be as specific and detailed as possible in listing duties performed. Attach extra sheets if necessary. Note: A resume may not be used as a substitute for completing this section.

Employer's Name and Address	Dates of Employment: from MO/YR to MO/YR
Supervisor's Name	Phone Number
Position Title/Salary	Reason for Leaving
Description of Duties, Responsibilities	

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Please explain any gaps in your employment other than those due to personal illness, injury or disability.

List specialized training, skills, licenses and/or certifications that might be relevant to employment.

Education

	Name & Address of School	Phone Number	Dates Attended	Degree, Diploma or Certificate
High School				
College or University				
Graduate				
Other (e.g. business school, technical school, etc.)				

Professional References

Name	Address	Phone Number	Relationship	Years Known

Military (Complete only if you served in the military)

Branch of Service _____ Number of Years/Months of Service _____

Rank at Discharge _____ Date of Discharge _____ Reason for Leaving _____

Describe any military skills, training or experience you believe are relevant to the job applied for:

APPLICANT'S ACKNOWLEDGEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for my dismissal at any time without prior notice.

I understand that, if employed, my employment is not for a specific term and may be terminated by me or Life University with or without notice or cause at any time. I further understand that no oral promise, Life University policy, custom, business practice or other procedure (including the Staff Handbook or any manuals) constitutes an employment contract or modification of the at-will employment relationship between me and Life University.

I also understand that employment is contingent upon successful verification of references, previous employment and education, as well as satisfactory results from a drug/alcohol screening and criminal history investigation.

Signature: _____

Date: _____

CONSENT AND RELEASE

I, _____, certify by signing this statement that the Human Resources Department at Life University has the right to verify information pertaining to references, education and previous employment.

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Life University in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part.

Print Name: _____

S.S. #: _____

Signature: _____

Date: _____

LIFE UNIVERISTY IS A CERTIFIED DRUG FREE WORKPLACE AND TOBACCO FREE ENVIRONMENT