

APPLICATION FOR EMPLOYMENT

A.T. STILL UNIVERSITY OF HEALTH SCIENCES
HUMAN RESOURCES DEPARTMENT
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 KIRKSVILLE, MO 63501
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hr@atsu.edu

ATSU IS AN EQUAL OPPORTUNITY EMPLOYER.

A.T. Still University of Health Sciences does not discriminate on the basis of race, color, religion, national origin, sex, gender, sexual preference, age or disability in admission or access to, or treatment or employment in its programs and activities. Any person with questions concerning ATSU's nondiscrimination policies is directed to contact the director of Human Resources. More information is available on our website at www.atstu.edu

ALL QUESTIONS MUST BE ANSWERED IN FULL. RESUMES MAY NOT BE SUBSTITUTED FOR THIS FORM BUT MAY BE ATTACHED IF DESIRED. **PLEASE PRINT OR TYPE IN INK.** FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

PERSONAL INFORMATION

Name (Last, First, Middle)		Date of Application:
Address (Street, City, State, Zip Code)		Social Security Number
Home Phone Number ()	Work Phone Number ()	May we contact you at work? <input type="checkbox"/> yes <input type="checkbox"/> no
Are you over the age of 18? <input type="checkbox"/> yes <input type="checkbox"/> no	Have you been employed under other names? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, List Name(s):	
Are you a citizen of the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no If no, are you an alien lawfully authorized to work in the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no <i>If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.</i>		
Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please give date, location, and disposition of your case.		
Person to notify in case of emergency (please state name, address, and phone number):		
Name of Relative(s) Employed by ATSU:		

WORK INTERESTS AND AVAILABILITY

Position(s) applied for:	Date available for work:
Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	
Type of work schedule interested in (Check all that apply.) <input type="checkbox"/> Days (1st Shift) <input type="checkbox"/> Evenings (2nd Shift) <input type="checkbox"/> Nights (3rd Shift)	
<input type="checkbox"/> Weekends <input type="checkbox"/> Overtime	
What is your desired salary range?	How did you become aware of this position?
Do you have a reliable method of transportation to use if you are hired to work in this facility? <input type="checkbox"/> yes <input type="checkbox"/> no	

EDUCATION AND TRAINING

Please list all education beginning with most recent. Indicate a diploma or degree, if completed, including GED if obtained.

Name & Location of School	# of yrs Complete	Graduated	Degree & Major
College		<input type="checkbox"/> Yes If no, approx. number of credit hours completed	
Other		<input type="checkbox"/> Yes If no, approx. number of credit hours completed	
Other		<input type="checkbox"/> Yes If no, approx. number of credit hours completed	
High School/GED		<input type="checkbox"/> Yes If no, highest grade completed	
Professional license no.: <i>(Include Driver License only if applicable to position applied for)</i>		Type of License:	
Place of issue:		Expiration Date:	

OFFICE/COMPUTER SKILLS

Typing _____ wpm
 Shorthand ____ wpm
 Calculator
 Multi-line phone
 Word Processing
 Transcription
 Medical Terminology
 PC/IBM
 Apple/Mac
 Other

Related Skills/Certifications: List technical or specialized skills/credentials, certificates, professional licenses, and knowledge of any computer programming languages or software that would especially qualify you for work with our organization.

EMPLOYMENT HISTORY: List all employment including military and volunteer service **starting with the most current position held.** This information will be used in reference checks. Failure to answer all items in the following section may eliminate you from further consideration.

Have you ever worked at this institution before?
 Yes
 No
 If yes, when _____

Under what name: _____ Position: _____

Dates Employed (month/year) From: _____ To: _____	Position Title:	Duties:
Salary Start: \$ _____ Final: \$ _____	Employer Name/Address:	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk	Supervisor's Name/Title/Phone:	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving:
Dates Employed (month/year) From: _____ To: _____	Position Title:	Duties:
Salary Start: \$ _____ Final: \$ _____	Employer Name/Address:	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk	Supervisor's Name/Title/Phone:	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving:
Dates Employed (month/year) From: _____ To: _____	Position Title:	Duties:
Salary Start: \$ _____ Final: \$ _____	Employer Name/Address:	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time, hrs/wk	Supervisor's Name/Title/Phone:	
May we contact for references? <input type="checkbox"/> Yes <input type="checkbox"/> No		Reason for leaving:

(Extra pages can be added to record additional work experience.)

REFERENCES (No Relatives Please)

Name and Occupation	Address	Telephone Number

I AUTHORIZE VERIFICATION OF ALL INFORMATION GIVEN ABOVE, AND AUTHORIZE ANY FORMER EMPLOYER OR EDUCATIONAL INSTITUTION TO FURNISH ATSU WITH ANY OR ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT OR SCHOOLING. I RELEASE ANY FORMER EMPLOYERS OR EDUCATIONAL INSTITUTIONS FROM ALL LIABILITY FOR DAMAGES IN FURNISHING SUCH INFORMATION. I UNDERSTAND THAT FALSIFICATION OF ANY INFORMATION ON THIS APPLICATION MAY RESULT IN MY IMMEDIATE DISCHARGE. I ALSO UNDERSTAND THAT IF I AM EMPLOYED ANY DELINQUENT PERSONAL ACCOUNTS DUE ATSU OR ANY OF ITS UNITS MAY BE DEDUCTED FROM MY PAYCHECKS. I FURTHER UNDERSTAND THAT THE EMPLOYMENT RELATIONSHIP THAT MAY RESULT FROM MY APPLICATION WILL BE EMPLOYMENT-AT-WILL, AND EITHER I OR ATSU MAY TERMINATE THE RELATIONSHIP AT ANY TIME.

Signature: _____ Date: _____

A.T. Still University of Health Sciences
APPLICANT DATA RECORD
(Confidential – for Statistical Use Only)

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, or any other classification protected by Federal, state, or local law. The information below will be used only in the compilation of data for required federal reporting.

Completion of this data is voluntary and will not affect your opportunity for employment, or terms or conditions of employment, if hired. Please leave this page in the file folder provided outside of the Human Resources office next to the job opening list or give to one of the Human Resource attendants separate from your application form.

Check one of the following: Sex Male Female
Date of Birth _____

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

___ Hispanic or Latino – *A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.*

___ White (Not Hispanic or Latino) – *A person having origins in any of the original peoples of Europe, the Middle East or North Africa.*

___ Black or African American (Not Hispanic or Latino) – *A person having origins in any of the black racial groups of Africa.*

___ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – *A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.*

___ Asian (Not Hispanic or Latino) – *A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.*

___ American Indian or Alaska Native (Not Hispanic or Latino) – *A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.*

___ Two or More Races (Not Hispanic or Latino) – *All persons who identify with more than one of the above five races.*

Check if any of the following are applicable

Vietnam Era Veteran Disabled Veteran Disabled

Position(s) Applying for _____

FOR HUMAN RESOURCE DEPARTMENT USE ONLY

Position(s) Sought is Open Yes No Date _____