

# APPLICATION FOR EMPLOYMENT

## A.T. STILL UNIVERSITY OF HEALTH SCIENCES

Human Resources Department  
800 West Jefferson  
Kirksville, MO 63501  
Phone: (660) 626-2790 · Fax: 660-626-2085

**A.T. STILL UNIVERSITY | ATSU**

Upon completion, please save this document and email to: [hr@atsu.edu](mailto:hr@atsu.edu) (for Missouri applicants), [hraz@atsu.edu](mailto:hraz@atsu.edu) (for Arizona applicants)

**ATSU IS AN EQUAL OPPORTUNITY EMPLOYER.**

A.T. Still University (ATSU) does not discriminate on the basis of race, color, religion, ethnicity, national origin, sex (including pregnancy), gender, sexual orientation, gender identity, age, disability, or veteran status in admission or access to, or treatment or employment in its programs and activities. Dating violence, domestic violence, sexual assault (e.g., non-consensual sexual contact/intercourse), stalking, harassment, and retaliation are forms of discrimination prohibited by ATSU. Any person with questions concerning ATSU's nondiscrimination policies is directed to contact: Missouri campus – Donna Brown, assistant vice president of human resources (660.626.2790; dbrown@atsu.edu), 800 W. Jefferson St., Kirksville, MO 63501; Arizona campus – Tonya Fitch, director of human resources (480.219.6007; tfitch@atsu.edu), 5850 E. Still Circle, Mesa, AZ 85206  
Any person with questions concerning ATSU's Title IX compliance is directed to contact: John Gardner, Title IX coordinator (660.626.2113; johngardner@atsu.edu), 800 W. Jefferson St., Kirksville, MO 63501

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) :		Email Address:
Cell Phone Number:	Home 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>		
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 <i>(Check all that apply.)</i> <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	
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? <input type="checkbox"/> Yes <input type="checkbox"/> No                   If yes, when Under what name: _____                   Position: _____		
Dates Employed (month/year) From: _____ To: _____	Position Title: _____  Employer Name/Address: _____	Duties: _____  Reason for leaving: _____
<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		
Dates Employed (month/year) From: _____ To: _____	Position Title: _____  Employer Name/Address: _____	Duties: _____  Reason for leaving: _____
<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		
Dates Employed (month/year) From: _____ To: _____	Position Title: _____  Employer Name/Address: _____	Duties: _____  Reason for leaving: _____
<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		

(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: \_\_\_\_\_

(Original signature is required to be on file in HR)

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

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. 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.

Check one of the following:      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 \_\_\_\_\_