

Application for Educational Support Staff Employment

OFFICE OF HUMAN RESOURCES

Room 110, Armstrong-Slater

Application for Education Support Staff Employment

Date: _____

Position(s) applied for (*Check one or more*)

- | | | |
|---|---------------------------------------|--|
| ☐ Clerical | ☐ Skilled | ☐ Regular Full-time |
| ☐ Fiscal and Administrative | ☐ Semi-skilled | ☐ Regular Part-time |
| ☐ Professional and Technical | ☐ Unskilled | ☐ Temporary |

Referral Source: ☐ Advertisement ☐ Friend ☐ Relative ☐ Walk-in
☐ Employment Agency ☐ Other _____

PLEASE PRINT OR TYPE

PERSONAL

Name _____
Last First Middle Initial

Address _____
Number Street City State Zip Code

Telephone Number (_____) _____
Area Code

Name and address of person to notify in case of an emergency:

Name _____
Last First Middle Initial

Address _____
Number Street City State Zip Code

Telephone Number (_____) _____
Area Code

Are you related to any person employed or who is a student at Hampton University? ☐ Yes ☐ No If yes, list.

Name _____ Name _____

Department _____ Department _____

Relation _____ Relation _____

PERSONAL REFERENCES

Do not list former employers or relatives

Name	Address	Telephone Number
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1.

2.

3.

4.

If employed and you are under 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes ☒ No If yes, give date. _____

Have you ever been employed here before? Yes No If yes, give date. _____

Department _____ Title _____

Are you currently employed? Yes No May we contact your employer? Yes No

Will you be able to provide a birth certificate or proof of U.S. Citizenship? Yes No

(Proof of citizenship or immigration status may be required upon employment. See page 5.)

On what date would you be available for work? _____

Can you travel if a job requires it? Yes No

Have you ever been convicted of a crime, excluding minor traffic violations? ____ Yes ____ No

If "Yes," please provide details concerning conviction, including original charge, the conviction, and the disposition and any explanation you deem appropriate. Convictions will not necessarily exclude you from employment, but the date and type of conviction will be considered for job placement. Please note, simple marijuana convictions in the state of Virginia do not have to be disclosed.

MILITARY SERVICE RECORD

Have you ever served in the armed forces? ☐ Yes ☐ No If "Yes," what branch? _____

Dates of duty: From _____ To _____
Month Day Year Month Day Year

Are you a veteran? ☐ Yes ☐ No Are you a reservist? ☐ Yes ☐ No

If "Yes," what is your status? ☐ Active ☐ Inactive ☐ Retired

LICENSES AND SPECIAL SKILLS

Do you have a valid Virginia driver's license? Yes ☐ No

Do you have a valid driver's license from any other state? ☐ Yes ☐ No If "Yes," please list state. _____

Do you have any professional or occupational licenses? ☐ Yes ☐ No If "Yes," please list. _____

Do you operate any machines or equipment? ☐ Yes ☐ No If "Yes," please list. _____

Do you type? ☐ Yes ☐ No If "Yes," please list WPM. _____

Do you take shorthand or speedwriting? ☐ Yes ☐ No If "Yes," please list WPM. _____

List any other special skill(s) _____

EDUCATIONAL BACKGROUND

Type of School	Name and Address		Graduated	Course or Major
Grammar or Grade	_____ _____		☐ Yes ☐ No	
High School	_____ _____		☐ Yes ☐ No	
College (Undergraduate)	_____ _____		☐ Yes ☐ No	
(Graduate)	_____ _____		☐ Yes ☐ No	
Other	_____ _____		☐ Yes ☐ No	

ACTIVITIES

List professional, trade, business or civic activities in which you engage and any offices held. *(Please exclude those which indicate race, color, religion, sex or national origin):* _____

OCCUPATIONAL RECORD

Start with your last position and work back. *(If you were ever employed in any position under a different name, give in each position, the name used.)*

Employer	Address	Position or Title	From	To
1. _____	_____ _____	_____	_____	_____
2. _____	_____ _____	_____	_____	_____
3. _____	_____ _____	_____	_____	_____
4. _____	_____ _____	_____	_____	_____
5. _____	_____ _____	_____	_____	_____

The fact that you may have been discharged or forced to resign from a position will not necessarily disqualify you from employment.

Please give reason for leaving each past position, including your current one:

1. _____
2. _____
3. _____
4. _____
5. _____

Use the space below to summarize any additional information necessary to describe your previous employment that will help us fully determine your qualifications.

NOTICE OF NONDISCRIMINATION

Hampton University is an Equal Employment Employer and as such, does not discriminate against any individual based upon race, color, national origin, sex, age or handicap in fostering its programs, employment practices and activities.

Employment qualifications for all positions shall be based only on job requirements as set forth by the University. It is the policy of the University to provide Equal Employment Opportunity in all aspects of employer/employee relationships including recruiting, hiring, upgrading and promoting.

The director of University Testing Services is the University's Coordinator of Section 504 of the Rehabilitation Act of 1973 and Title VI of the Civil Rights Act of 1964, and Title IX of the Education Amendments of 1972. The office is located in Room 212, Wigwam Building, and the telephone number is (757) 727-5493. Office hours are 8 a.m. to 5 p.m., Monday thru Friday.

APPLICANT'S CERTIFICATION AND AGREEMENT

(Please read the information carefully and ask for assistance if required before signing.)

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize Hampton University to make any investigation of my past and present work, character, education, financial and credit records, military and police records through any appropriate investigative or credit agencies or bureaus. I understand that my offer of employment is conditioned upon the results of the investigation.

I agree that the final step in the application process may be the administering of certain tests, including medical, clerical, technical or other tests that will determine my eligibility for the position(s) for which I apply.

I agree, if employed, to abide by all policies and procedures set forth by Hampton University that will affect my employment.

I agree, if employed, to furnish the document(s) listed below within seventy-two (72) hours of employment for Employment Eligibility Verification (I-9 Form).

List A	OR	List B	AND	List C
1. U.S. Passport		1. Driver's License or state ID card containing photo		1. U.S. Social Security Card
2. Certificate of U.S. Citizenship		2. ID card issued by federal, state or local government		2. Certification of Birth Abroad issued by State Department
3. Certificate of Naturalization		3. School ID card with photo		3. Original or certified copy of birth certificate
4. Unexpired foreign passport with INS Form I-94		4. Voter's registration card		4. Native American tribal document
5. Alien Registration Receipt Card (INS Form I-151 or I-551)		5. U.S. Military ID card		5. U.S. Citizen ID Card (INS Form I-197)
6. Unexpired Temporary Resident Card (INS Form I-688)		6. Military Dependent's ID card		6. ID Card for use of Resident Citizen in the U.S. (INS Form I-179)
7. Unexpired Temporary Authorization Card (INS Form I-688A)		7. U.S. Coast Guard Merchant Mariner card		7. Unexpired employment authorization document issued by the INS (other than those listed under List A)
8. Unexpired Reentry Permit (INS Form I-327)		8. Native American Tribal document		
9. Unexpired Refugee Travel Document (INS Form I-571)		9. Driver's license issued by a Canadian government authority		
10. Unexpired Employment Authorization Document issued by INS with photo (INS Form I-688B)		<i>(For persons under age 18 who do not have above listed documents:)</i>		
		10. School record or report card		
		11. Clinic, doctor or hospital record		
		12. Day-care or nursery school record		

Signature: _____

Date: _____