



EMPLOYMENT APPLICATION
 EMPLOYMENT AND COMPENSATION DIVISION
 520 JAMES M. ELLIOTT BUILDING
 UNIVERSITY PARK, PA 16802

Web site: www.psu.jobs
 Telecommunication Device for the Deaf (814) 863-0304

In accordance with the Cleary Act, the University is required to provide candidates with crime statistics for each location. Candidates may view this information at <http://www.psu.edu/dept/police/>

PLEASE PRINT IN INK OR TYPE (If you need additional space or wish to make remarks, please continue on a separate sheet of paper.)

Last Name		First Name		Initial	Today's Date	
Address — No. and Street				City, State — Zip Code		Email Address
Telephone Numbers		Home	Area Code	/		Type of Work Desired
		Work	Area Code	/		
May we contact you at your place of Employment?				<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary Are you a U.S. Worker, or able to produce documentation authorizing your employment in the U.S. without restriction? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are under 18 years of age, please indicate your birth date						
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out below.						
Dates		Department			Name of Supervisor	
From	To					
Have you ever been convicted of any criminal offense other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes*, please explain:						
*Note: A conviction will not necessarily bar you from employment. Each conviction is judged on its own merits with respect to time, circumstances and seriousness.						

EDUCATION AND TRAINING

School	Name	City	State	Graduated (Yes/No)	Diploma or Degree Rec'd	Course or Major Area of Study
High School						
College or University						
College or University						
College or University						
Other (e.g., business school, nursing school, technical school, military training, etc.)						
List trade or professional organizations of which you are a member, including office held, if applicable, and professional licenses and certifications you consider significant. Note Commercial Drivers License (list endorsements) as well as Pesticide Applicator's Licenses, if applicable. List specialized training, if appropriate, e.g., computer hardware and software knowledge, typing, shorthand or office machines (including years of study), apprenticeships, or other skills.						

EMPLOYMENT RECORD

Present or Last Employer	Name and Address of Business, Firm, or Institution		Zip Code	Current or Final Salary	
	Kind of Business		Dates Employed	From To	
	Describe your duties				
	Name and job title of supervisor		Your reason for leaving		
	May we contact your present supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Name and Address of Business, Firm, or Institution		Zip Code	Final Salary	
Next Previous Employer	Kind of Business		Dates Employed	From To	
	Describe your duties				
	Name and job title of supervisor		Your reason for leaving		
	Name and Address of Business, Firm, or Institution		Zip Code	Final Salary	
	Kind of Business		Dates Employed	From To	
Next Previous Employer	Describe your duties				
	Name and job title of supervisor		Your reason for leaving		
	Name and Address of Business, Firm, or Institution		Zip Code	Final Salary	
	Kind of Business		Dates Employed	From To	
	Describe your duties				
Longest Employer If Not Listed Above	Name and job title of supervisor		Your reason for leaving		
	Name and Address of Business, Firm, or Institution		Zip Code	Final Salary	
	Kind of Business		Dates Employed	From To	
	Describe your duties				
	Name and job title of supervisor		Your reason for leaving		

U.S. MILITARY SERVICE

Branch	Dates of Service	From	To	Present or Last Rank
Job Title	From	To	Job duties performed	

I certify that the information I have given is complete, true and correct to the best of my knowledge and belief. I understand that any misrepresentation of information by me can cancel this application or be cause for my termination in the event I am employed by the University.

Signature

Date