



**BAKER**  
UNIVERSITY

# APPLICATION FOR EMPLOYMENT

Office of Human Resources  
P.O. Box 65  
Baldwin City, KS 66006

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or sexual orientation.

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  Employment Agency

Other \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number Street City State Zip Code

Telephone: ( ) \_\_\_\_\_ Social Security Number: \_\_\_\_\_

- Are you at least 18 years of age?  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: \_\_\_\_\_
- Are you employed now?  Yes  No
- May we contact your present employer?  Yes  No
- Are you on a lay-off and subject to recall?  Yes  No
- Can you travel if a job requires it?  Yes  No
- Have you been convicted of a felony within the last seven years?  Yes  No

If yes, please explain (conviction will not necessarily disqualify applicant from employment): \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment at Baker University?  Yes  No

If yes, please explain: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?  Yes  No  
(Proof of citizenship or immigration status shall be required upon employment.)

On what date would you be available for work? \_\_\_\_\_

Are you available to work  Full Time  Part Time  Shift Work  Temporary

What is your wage or salary expectation? \_\_\_\_\_ per hour or \_\_\_\_\_ per month

## SKILLS

Typing speed: \_\_\_\_\_ words per minute 10-key: \_\_\_\_\_ strokes per minute Can you transcribe machine dictation? \_\_\_\_\_

Word processor experience (describe): \_\_\_\_\_

Computer systems experience (describe): \_\_\_\_\_

## SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience: \_\_\_\_\_

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## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments and volunteer activities if applicable.

1 EMPLOYER	TELEPHONE	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
JOB TITLE				
SUPERVISOR		HOURLY RATE/SALARY		
		STARTING	FINAL	
REASON FOR LEAVING				
2 EMPLOYER	TELEPHONE	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
JOB TITLE				
SUPERVISOR		HOURLY RATE/SALARY		
		STARTING	FINAL	
REASON FOR LEAVING				
3 EMPLOYER	TELEPHONE	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
JOB TITLE				
SUPERVISOR		HOURLY RATE/SALARY		
		STARTING	FINAL	
REASON FOR LEAVING				
4 EMPLOYER	TELEPHONE	DATES EMPLOYED		WORK PERFORMED
		FROM	TO	
ADDRESS				
JOB TITLE				
SUPERVISOR		HOURLY RATE/SALARY		
		STARTING	FINAL	
REASON FOR LEAVING				

If you need additional space, please continue on a separate sheet of paper.



## EDUCATION

	High School	College/University	Graduate/Professional
School Name			
Years Completed (Circle)	9   10   11   12	1   2   3   4	1   2   3   4
Diploma/Degree			
Describe Course of Study			
Describe specialized training, apprenticeship, skills and extra-curricular activities			

Honors Received: \_\_\_\_\_

\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application.

\_\_\_\_\_

\_\_\_\_\_

Give the names (and positions if known) of current or former Baker University employees that you know.

\_\_\_\_\_

If you need additional space, please continue on a separate sheet of paper.

### REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

\_\_\_\_\_

\_\_\_\_\_

**Special Employment Notice to Disabled Veterans, Vietnam Era Veterans and Individuals with Physical or Mental Disabilities.**

If you are a Vietnam Era Veteran, disabled veteran or have a physical or mental disability, you are invited to volunteer this information for consideration under applicable government guidelines. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below:    \_\_\_ Disabled Individual    \_\_\_ Disabled Veteran    \_\_\_ Vietnam Era Veteran

Signed \_\_\_\_\_

## APPLICANT'S STATEMENT

1. I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.
2. I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in the application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision, and release all parties from all liability for any damage that may result from furnishing same to you.
3. I understand that a medical examination may be requested for employment or continuation of employment.
4. This application is not a contract for employment and can not create a contract. I understand that if I am hired my employment can be terminated with or without cause, at any time at the discretion of either the company or myself.
5. I understand this application will be kept in the active files for a period of 60 days from the date indicated below. I further understand that if I am not hired during that period, I must complete and execute a new application form to be considered for employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### BAKER UNIVERSITY:

Received by: \_\_\_\_\_

Date: \_\_\_\_\_