

Francis Marion University

Employment Application

Return to:

Human Resources Office

PO Box 100547

Florence, SC 29501-0547

Telephone: 843-661-1140; FAX: 843-661-1202; Web Address: <http://www.fmarion.edu/about/HR>

1. APPLYING FOR:

Job Title _____

Position Number _____

2. HOW DO WE CONTACT YOU?

Social Security Number ____ - ____ - ____ Your Name _____
Last First Middle (Maiden)

Mailing Address _____

City _____ County _____ State _____ Zip Code _____

Home Phone () _____ Business Phone () _____ May we contact you at work? ___Yes ___No

Fax Number () _____ E-mail Address _____

3. TELL US ABOUT YOUR EDUCATION:

High School (Name) _____ (Location) _____

Diploma ____ Date of H.S. Graduation _____ Other (specify) _____ Highest Grade Completed _____

College Graduate? Yes ___ No ___ If no, give total credit received _____ Your Name if Different While Attending School _____

Give name & address of school, major course of study, and degree received.

Undergraduate College/University:		Graduate School:	
Degree:	Year Degree Obtained:	Degree:	Year Degree Obtained:
Pertinent Undergraduate Courses:	Credits:	Pertinent Graduate Courses:	Credits:

Job-Related Training and Course Work

List any skills, licenses, and certificates, which are related to the job you seek (including words per minute typing speed and computer software proficiency).

4. TELL US ABOUT YOUR WORK EXPERIENCE:

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide an explanation for any gaps in employment. **All information in this section must be complete. A resume may be attached, but not substituted for completing this section.**

1. Name of Present or Last Employer _____

Address _____ Phone () _____

Job Title _____

Number Supervised _____ Supervisor's Name _____

From _____ / _____ / _____ To _____ / _____ / _____ Hours Per Week _____ Salary _____

May we contact this employer? Yes No

Job Duties (give details)

Reason for Leaving

2. Your Next Most Recent Employer _____

Address _____ Phone () _____

Job Title _____

Number Supervised _____ Supervisor's Name _____

From _____ / _____ / _____ To _____ / _____ / _____ Hours Per Week _____ Salary _____

Job Duties (give details)

Reason for Leaving

3. Your Next Most Recent Employer _____

Address _____ Phone () _____

Job Title _____

Number Supervised _____ Supervisor's Name _____

From _____ / _____ / _____ To _____ / _____ / _____ Hours Per Week _____ Salary _____

Job Duties (give details)

Reason for Leaving

4. Your Next Most Recent Employer _____

Address _____ Phone () _____

Job Title _____

Number Supervised _____ Supervisor's Name _____

From ____/____/____ To ____/____/____ Hours Per Week _____ Salary _____

Job Duties (give details)

Reason for Leaving

5. Your Next Most Recent Employer _____

Address _____ Phone () _____

Job Title _____

Number Supervised _____ Supervisor's Name _____

From ____/____/____ To ____/____/____ Hours Per Week _____ Salary _____

Job Duties (give details)

Reason for Leaving

6. Your Next Most Recent Employer _____

Address _____ Phone () _____

Job Title _____

Number Supervised _____ Supervisor's Name _____

From ____/____/____ To ____/____/____ Hours Per Week _____ Salary _____

Job Duties (give details)

Reason for Leaving

Unemployment Information

Please indicate, in the space below, any periods of unemployment which appear in your employment record after the completion of school to the present. In addition, please provide a brief description as to the nature of the unemployment.

Dates of Unemployment	Brief Description of Nature of Unemployment

DRIVER'S LICENSE

Do you possess a valid driver's license? Yes No _____ If yes, provide _____

(State)

Number _____ Expiration Date _____ Class (check one) A B C D E F M G

RELATIVES AT FRANCIS MARION UNIVERSITY

Do you have any relatives employed at Francis Marion University? Yes; No. If yes, please provide names below:

Name _____ Relation _____

Name _____ Relation _____

Name _____ Relation _____

CRIMINAL OFFENSE

Have you ever been convicted of a criminal offense? Yes No

Note: Omit minor vehicle violations and any offense committed before your 17th birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.

If yes, please list charge(s) _____

Where Convicted _____ Date _____ Disposition/Status _____

Have you ever been terminated or forced to resign from any job? Yes No If yes, explain _____

Are you legally authorized to work in the United States? Yes No

Give the names of two people, not relatives, who are familiar with your work.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS

Student Loan: State law (59-111-50) prohibits employment with the State to people who have defaulted on certain student loans, unless they can prove that satisfactory arrangements have been made for repayment. By my signature, I certify that I am not currently in default on a student loan.

Signature _____ Date _____

Authority to Release Information: By my signature, I consent to the release of information to authorized officers, agents, and/or employees of the State of South Carolina which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and/or any personal record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and/or employees of the State of South Carolina to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

Signature _____ Date _____

Certification of Applicant: By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration, or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

Signature _____ Date _____

5. FRANCIS MARION UNIVERSITY EEO DATA REPORTING FORM

The Federal Government requires the following information to be collected for statistical reporting as part of the Affirmative Action Program. Refusal to answer will not result in adverse treatment of any applicant. This information is not used in the employment process nor released in a manner which identifies the individual. This form will be removed prior to being forwarded to the hiring authority.

Return to:

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Francis Marion University
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Florence, SC 29501-0547

A. Social Security No.: _____ - _____ - _____ Birthdate: _____ - _____ - _____

B. Last Name: _____ First Name: _____ Middle Name: _____ Maiden Name: _____

C. Position for which you are applying: _____ Position No. _____

D. Gender: Male ____ Female ____

E. Race: (check appropriate box)

1. American Indian/Alaskan Native
2. Asian/Pacific Islander
3. Black/Non Hispanic
4. Hispanic
5. White/Non Hispanic

F. Through the Family Independence Act of 1995, state agencies are actively recruiting welfare and food stamp recipients. Are you currently receiving AFDC benefits or food stamps?

Yes ____ No ____

G. Do you have any disabling condition(s) for which you desire reasonable accommodations?

Yes ____ No ____

H. VETERAN STATUS (check appropriate box)

1. Vietnam Era Veteran
2. Other Era
3. Active Reserves
4. Inactive Reserves
5. Retired

Service Dates: From _____ -- _____ -- _____ To: _____ -- _____ -- _____

I. Disabled Veteran: Yes ____ No ____
(Disability of 30 percent or more administered by the VA; or discharged or released for disability.)

J. How did you become aware of this position?

Signature _____ Date _____

REFERENCE REQUEST AUTHORIZATION

FRANCIS MARION UNIVERSITY

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(Note: It is only necessary to sign and date this form as indicated which will give FMU permission to obtain this information. The form will then be forwarded to former employers by FMU.)

I have applied for employment with Francis Marion University. Authorization is hereby given to Francis Marion University to contact and obtain employment records from previous employers and schools attended; to investigate and obtain information from the South Carolina Law Enforcement Division (SLED), FBI and to initiate any further inquiries, if required. I waive the right to review the information furnished to Francis Marion University.

Signature:

Date:

EMPLOYER REFERENCE COMMENTS

(To be completed by former employer)

Applicant's Name		Social Security Number			
Position Held:		Salary:			
Previous Positions Held:					
Employment Date From:		Employment Date To:			
Eligible for rehire:	Yes	No	Did he/she give proper notice?	Yes	No
Would you rehire applicant in the same position?	Yes	No	If no, why would you not rehire him/her?		
Reason for departure:					

PLEASE RATE APPLICANT ON THE FOLLOWING: (check one)

	Excellent	Good	Fair	Poor
To what degree was this employee dependable and trustworthy?				
To what degree was this employee's work attendance satisfactory?				
To what degree did this employee show a cooperative attitude?				
To what degree did this employee work well under pressure?				
To what degree did this employee possess initiative?				
Identify any strengths/weaknesses you saw in the employee:				

ADDITIONAL COMMENTS, IF ANY:

Signature	Title	Company	Date
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