



**METHODIST
UNIVERSITY**

Methodist University, Incorporated
Human Resources Office
5400 Ramsey Street 28311
Fayetteville, North Carolina

Application for Faculty Position

Methodist University does not discriminate on the basis of race, color, national or ethnic origin, age, sex, religious denomination, or disabilities in the administration of its admission and educational policies, scholarships, loan programs, athletics, employment practices or any other university administered program.

Please print.

Full Name _____, _____, _____
Last First Middle

Current Address: _____
Street and Number

City State Zip Code

Phone: (____) _____ Social Security Number _____ - _____ - _____

Are you a U.S. Citizen or are you legally authorized to work in the U.S.? _____ yes _____ no

Position Applied for:

I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that falsified or incomplete statements on this application shall be grounds for disqualification from further consideration or for dismissal from employment if hired.

I authorize investigation of all statements contained herein and the references listed above to give Methodist University any and all information concerning my education and previous employment and any pertinent information they may have, and I release all parties from all liability for any damage that may result from furnishing same to the University. This investigation will include a search of public records.

Signature of Applicant

Date

NOTIFICATION AND RELEASE

Methodist University - Fayetteville

The information contained in my application for employment or student admissions with Methodist University (hereinafter The Organization”) is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Organization may result in The Organization not employing me or, if employed terminating my employment, or may cause me to be rejected as a student. I understand and agree that all information furnished in my application and all attachments may be verified by The Organization or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement agency to give The Organization all information relative to such verification and hereby release and full discharge such individuals, Agencies, and The Organization from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Organization that The Organization may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to: educational history, work references, driving records, drug testing, and criminal convictions or arrest records, in order to assist The Organization in making certain employment and student selection decisions. I further acknowledge notification by The Organization that such reports may be provided to The Organization by third parties. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Organization its parent and affiliated companies and the respective officers, trustees, directors, shareholders, employees, members, managers or agents of each, including subcontractors, from any and all liability for any claim or damage, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Organization agrees to inform candidates if an employment or volunteer decision has been influenced by information contained in a consumer report requested by The Organization and preformed by Castle Branch Inc. You may obtain a free copy of the report within sixty days by calling Castle Branch Inc. collect @ 1-910-815-3880 or toll free @ 1-888-723-4263. The Organization will make available to you "A Summary of Your Rights Under the Fair Credit Reporting Act.”

PLEASE PRINT OR TYPE

List all names you have used in the past 7 years including married, maiden, and aliases.

Name (First, Middle, Last) _____ Date of Birth (mo/day/yr) _____

Maiden Name or "AKA" _____ Dates Used (yr) from _____ to _____

Social Security # _____ Drivers License # _____ State _____

Current and previous address(es). PROVIDE ALL ADDRESSES FOR PREVIOUS 7 YEARS. (Use back of page if necessary).

Street _____ From _____ to _____

City, State, Zip,County _____

Street _____ From _____ to _____

City, State, Zip,County _____

Street _____ From _____ to _____

City, State, Zip,County _____

Street _____ From _____ to _____

City, State, Zip,County _____

Street _____ From _____ to _____

City, State, Zip,County _____

Street _____ From _____ to _____

City, State, Zip,County _____