



METHODIST UNIVERSITY

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

Application for Non-Teaching Employment Contract 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

Have you ever been convicted of a felony? yes no If yes, describe:

Criminal convictions are not an absolute bar to employment and will only be considered in relation to specific Job requirements.

Position Applied for:

Desired Position (Please rank. #1 highest rank):

- Custodial, Accounting, Data Entry, Secretarial, Maintenance, Administrative, Receptionist, Other, Security, Bookkeeping, Recruiting

Desired Placement (optional) (Please rank. #1 highest rank):

- Academic/Registrar, Business Area, Student Affairs, Admissions, Development/Alumni, Other, Athletics, Facility/Plant

What type of position are you seeking? Part-Time Full-Time

Are you available to work weekends? yes no

Have you ever been employed by Methodist University? yes no

WORK EXPERIENCE

PLEASE CHECK TYPE OF WORK IN WHICH YOU HAVE HAD EXPERIENCE:

General Clerical Statistical Typing Switchboard Operator Inventory Clerk Picker
 Typing Bookkeeping Stock Clerk Hoist-Lift Operation Packer
 Cashier Tabulating Credit Clerk Maintenance Salesclerk
 Financial Reports Payroll Display General Warehouse Computer Operator

PLEASE CHECK BUSINESS MACHINES YOU HAVE OPERATED:

Adding Machines Stencil Equipment Transcription Keypunch Calculator
 Typewriters Bookkeeping Tab Machines Word Processor Other

Typing Speed _____ Shorthand Speed _____ Other special abilities _____

EMPLOYMENT RECORD INFORMATION

Fill out carefully. Begin with present or last job held and work back, regardless of the time worked. Use additional sheet if necessary. If you were sick, attending school, out of work, so state, giving dates. DO NOT SKIP ANY DATES. ACCOUNT FOR ALL TIMES. THIS INFORMATION WILL BE CLOSELY CHECKED. If you have not had any previous work experience, fill out the next section, "Volunteer or other non-paid work."

DO YOU HAVE ANY OBJECTION TO OUR CONTACTING YOUR PREVIOUS EMPLOYERS OR REFERENCES? _____

1. COMPANY NAME _____	EMPLOYMENT DATES FROM: _____ TO: _____ _____/_____/_____/_____/_____/_____	BEG SALARY \$ _____	END SALARY \$ _____
ADDRESS _____	JOB TITLE/DUTIES _____		
SUPERVISOR _____	TELEPHONE NO. _____ () _____	REASON FOR LEAVING _____	

2. COMPANY NAME _____	EMPLOYMENT DATES FROM: _____ TO: _____ _____/_____/_____/_____/_____/_____	BEG SALARY \$ _____	END SALARY \$ _____
ADDRESS _____	JOB TITLE/DUTIES _____		
SUPERVISOR _____	TELEPHONE NO. _____ () _____	REASON FOR LEAVING _____	

3. COMPANY NAME _____	EMPLOYMENT DATES FROM: _____ TO: _____ _____/_____/_____/_____/_____/_____	BEG SALARY \$ _____	END SALARY \$ _____
ADDRESS _____	JOB TITLE/DUTIES _____		
SUPERVISOR _____	TELEPHONE NO. _____ () _____	REASON FOR LEAVING _____	

4. COMPANY NAME _____	EMPLOYMENT DATES FROM: _____ TO: _____ _____/_____/_____/_____/_____/_____	BEG SALARY \$ _____	END SALARY \$ _____
ADDRESS _____	JOB TITLE/DUTIES _____		
SUPERVISOR _____	TELEPHONE NO. _____ () _____	REASON FOR LEAVING _____	

***VOLUNTEER OR OTHER NON-PAID WORK**

*This section is optional. In this section you may include any verifiable work performed on a volunteer basis. Begin with present or last activity and work Back. Use additional sheet if necessary.

DO YOU HAVE ANY OBJECTION TO OUR CONTACTING YOUR PREVIOUS VOLUNTEER ORGANIZATIONS? _____

1. ORGANIZATION NAME	PARTICIPATION DATES	
_____	FROM: _____ TO: _____	
ADDRESS _____	_____/_____/_____/_____/_____/_____	
	JOB TITLE/DUTIES	
_____	_____	
SUPERVISOR	TELEPHONE NO.	REASON FOR LEAVING
_____	() _____	_____

2. ORGANIZATION NAME	PARTICIPATION DATES	
_____	FROM: _____ TO: _____	
ADDRESS _____	_____/_____/_____/_____/_____/_____	
	JOB TITLE/DUTIES	
_____	_____	
SUPERVISOR	TELEPHONE NO.	REASON FOR LEAVING
_____	() _____	_____

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: ELM 6 7 8 HIGH 9 10 11 12 COLLEGE 13 14 15 16 17 18 19

HIGH SCHOOL _____ CITY _____ STATE _____

COLLEGE OR UNIVERSITY: (List all whether or not degree was obtained)

NAME	LOCATION	MAJOR FIELD OF STUDY	MINOR FIELD OF STUDY	DEGREES	YEAR
------	----------	----------------------	----------------------	---------	------

*ACADEMIC HONORS OR SPECIAL RECOGNITION _____

*EXTRA CURRICULAR ACTIVITIES _____

*OFFICES HELD _____

*OTHER NIGHT SCHOOL, CORRESPONDENCE, HOME STUDY OR COURSES _____

*DO YOU HAVE ANY OBJECTION TO CONTACTING YOUR PREVIOUS SCHOOLS? _____

*YOU MAY OMIT THOSE WHICH INDICATE RACE, RELIGIOUS CREED, COLOR, NATIONAL ORIGIN, ANCESTRY, SEX OR AGE.

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

1. _____
Name Address City/State/Zip Code

2. _____
Name Address City/State/Zip Code

3. _____
Name Address City/State/Zip Code

You may attach any additional information (i.e. resume, references) which you would like to have considered with this application.

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 am an able bodied person, fully capable of performing the functions of the position I am applying for.

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 may include a search of public records.

Signature of Applicant **Date**

DO NOT WRITE BELOW THIS LINE (UNIVERSITY USE ONLY)

INTERVIEWED BY: _____ DATE: _____

REMARKS: _____

HIRED: YES: _____ NO: _____ FULL-TIME: _____ PART-TIME _____ TEMPORARY: _____

DEPARTMENT: _____ POSITION: _____

SALARY/WAGE: _____ DATE REPORTING TO WORK: _____

APPROVED: 1. _____ 2. _____ 3. _____
EMPLOYMENT MANAGER DEPARTMENT HEAD IMMEDIATE SUPERVISOR