



University of Dubuque



EMPLOYMENT APPLICATION

Please print or type all information and return to:

HUMAN RESOURCES DEPARTMENT
 2000 University Avenue
 Dubuque, Iowa 52001
 FAX (563) 589-3352; hr@dbq.edu

PERSONAL INFORMATION

Application for Position of:			
Last Name:	First Name:	Middle Name:	
Present Address:			
Home Phone Number:	Business Phone Number:	E-Mail Address:	
Have you ever applied with us before?	When? _____	Position? _____	Yes No
Will you work overtime if asked?			Yes No
Are you legally eligible for employment in the United State?			Yes No
Have you been convicted of a felony within the last seven (7) years?			Yes No
If yes, please explain: _____			

Have you ever been fired or asked to resign from a job?			Yes No
If yes, please explain: _____			

In accordance with federal, state, and local law, pending criminal charges or any convictions will not be considered unless they are substantially related to circumstances of the position for which you are applying.			

EDUCATION & TRAINING

Grammar & High School (Circle highest year completed)	Name and Location of High School	Do you have a GED or a High School Equivalency Diploma? YesNoNot Applicable		
1 2 3 4 5 6 7 8 9 10 11 12				
TRAINING BEYOND HIGH SCHOOL (College or University, Nursing, Business College, or other schools you have attended)		Circle the number of years in college or University 12345678		
Name and Location of Institution	Dates Attended		Major Field	Degree Conferred and Year
	From	To		
Describe any education or training not covered above (vocational school, correspondence courses, service schools, in-service training), which you feel is relevant to the job for which you are applying. Include relevant licenses, certificates or other information you feel might be pertinent to the position. (BE SPECIFIC)				

WORK EXPERIENCE

Provide a complete description of your job duties. This information will be used to determine if you meet the minimum job qualifications. Be specific. Start with your most recent job. List ALL of your employment history. (Additional employment data may be attached on a separate sheet.) Be certain to include service in the Armed Forces.

Employer		Major Duties
Your Title	Reason for Leaving	
Name, Address, & Phone # of Supervisor		
Length of Time Employed		
From: (month/year)	To: (month/year)	
Employer		Major Duties
Your Title	Reason for Leaving	
Name, Address, & Phone # of Supervisor		
Length of Time Employed		
From: (month/year)	To: (month/year)	
Employer		Major Duties
Your Title	Reason for Leaving	
Name, Address, & Phone # of Supervisor		
Length of Time Employed		
From: (month/year)	To: (month/year)	

If presently employed, may we contact your employer? Yes No

PROFESSIONAL REFERENCES

Name	Address	Phone #
Name	Address	Phone #
Name	Address	Phone #

APPLICATION CERTIFICATION STATEMENT: (Please sign and date the following statement):

I certify that all information on this Application is accurate, complete, and true to the best of my knowledge. I understand that providing any false, inaccurate, incomplete or misleading information may result in my disqualification from consideration for employment with the University of Dubuque or dismissal from employment if I am hired.

All regular, full-time and part-time external candidates for employment with the University of Dubuque, as well as potential re-hires with a break in service, must undergo a pre-employment background investigation as part of the employment screening process. No external employment candidate may begin work for the University until the appropriate screenings have been completed.

Applicant's Signature

Date

VOLUNTARY INFORMATION

The University of Dubuque has adopted an Affirmative Action Ordinance in compliance with Federal law. The disclosure of the following information is voluntary and allows us to meet federal government reporting requirements and judge the effectiveness of our recruitment efforts. The information will be used in accordance with University of Dubuque policies, and State and Federal law which forbids discrimination based on this information.

GENDER: Male Female

DATE OF BIRTH: ____/____/____ Social Security # _____

HOW DID YOU LEARN OF THIS VACANCY? _____

RACE/ETHNICITY (select one):

Hispanic or Latino, of any race

American Indian or Alaska Native, not Hispanic or Latino

Asian, not Hispanic or Latino

Black, not Hispanic or Latino

White, not Hispanic or Latino

Native Hawaiian or Other Pacific Islander, not Hispanic or Latino

Two or more races, not Hispanic or Latino