



# Application for Employment

**An Equal Opportunity Employer**

All employment decisions are made without regard to unlawful considerations of race, sex, sexual orientation, religion, national origin, age, disability, or any other legally protected status. Reasonable accommodations are available to qualified disabled individuals, upon request.

<b>PERSONAL</b>	
<b>PLEASE PRINT USING BALLPOINT PEN</b>	
POSITION(S) DESIRED:	DATE:
FULL NAME: FIRST MIDDLE LAST	EMAIL ADDRESS:
PRESENT ADDRESS: STREET CITY STATE ZIP	HOME TELEPHONE #
WHY ARE YOU SEEKING EMPLOYMENT WITH THE KU ALUMNI ASSOCIATION?	
ARE YOU RELATED TO ANYONE PRESENTLY EMPLOYED BY THE KU ALUMNI ASSOCIATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF RELATIVE AND RELATIONSHIP:	
HAVE YOU PREVIOUSLY COMPLETED AN APPLICATION FOR EMPLOYMENT HERE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, APPROXIMATE DATE: MO/YR.	

<b>GENERAL INFORMATION</b>							
DATE AVAILABLE FOR WORK?							
Are you willing to work: DAYS <input type="checkbox"/> NIGHTS <input type="checkbox"/> WEEKENDS <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> If you cannot work full time, please explain: <input type="checkbox"/> Student <input type="checkbox"/> Other Job <input type="checkbox"/> Other _____							
Days and Hours Available (If employed, I will notify my supervisor in writing, should my availability change):							
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							
<b>NOTE: WORK SCHEDULES ARE BASED UPON BUSINESS NEEDS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.</b>							
Can you perform the essential functions of the job for which you are applying with or without reasonable accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO (The Human Resources representative will provide a description of the essential functions of the position if requested).							
If required, are you willing to work overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Do you have a valid Driver's License: <input type="checkbox"/> YES <input type="checkbox"/> NO							

## EMPLOYMENT HISTORY

**Please list, beginning with your current or most recent employment, all periods of employment and unemployment for the last 10 years. NOTE:** If more space is needed, please use a separate piece of paper.

Have you ever been employed under any name other than the name on this application?  YES  NO If yes, please state name used and for which company so that we may verify the accuracy of the information provided:

<b>1</b>	<b>EMPLOYER</b>	FROM		JOB TITLE: [ <input type="checkbox"/> ] FULL TIME [ <input type="checkbox"/> ] PART TIME	REASON FOR LEAVING (Please Explain)
		MO.	YR.		
NAME OF COMPANY				DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO			
		MO.	YR.		
CITY, STATE, ZIP				NAME, TITLE, PHONE NUMBER, AND EMAIL OF IMMEDIATE SUPERVISOR	
PHONE NO.		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [ <input type="checkbox"/> ] YES [ <input type="checkbox"/> ] NO
<b>2</b>	<b>EMPLOYER</b>	FROM		JOB TITLE: [ <input type="checkbox"/> ] FULL TIME [ <input type="checkbox"/> ] PART TIME	REASON FOR LEAVING (Please Explain)
		MO.	YR.		
NAME OF COMPANY				DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO			
		MO.	YR.		
CITY, STATE, ZIP				NAME, TITLE, PHONE NUMBER, AND EMAIL OF IMMEDIATE SUPERVISOR	
PHONE NO.		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [ <input type="checkbox"/> ] YES [ <input type="checkbox"/> ] NO
<b>3</b>	<b>EMPLOYER</b>	FROM		JOB TITLE: [ <input type="checkbox"/> ] FULL TIME [ <input type="checkbox"/> ] PART TIME	REASON FOR LEAVING (Please Explain)
		MO.	YR.		
NAME OF COMPANY				DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO			
		MO.	YR.		
CITY, STATE, ZIP				NAME, TITLE, PHONE NUMBER, AND EMAIL OF IMMEDIATE SUPERVISOR	
PHONE NO.		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [ <input type="checkbox"/> ] YES [ <input type="checkbox"/> ] NO
<b>4</b>	<b>EMPLOYER</b>	FROM		JOB TITLE: [ <input type="checkbox"/> ] FULL TIME [ <input type="checkbox"/> ] PART TIME	REASON FOR LEAVING (Please Explain)
		MO.	YR.		
NAME OF COMPANY				DESCRIBE YOUR JOB DUTIES	
ADDRESS		TO			
		MO.	YR.		
CITY, STATE, ZIP				NAME, TITLE, PHONE NUMBER, AND EMAIL OF IMMEDIATE SUPERVISOR	
PHONE NO.		TYPE OF BUSINESS			
EXPLAIN ANY PERIOD BETWEEN JOBS					MAY WE CONTACT EMPLOYER? [ <input type="checkbox"/> ] YES [ <input type="checkbox"/> ] NO
HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR ASKED TO RESIGN? [ <input type="checkbox"/> ] YES [ <input type="checkbox"/> ] NO IF YES, PLEASE EXPLAIN:					

### EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS, TRADE, OR OTHER			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

### ADDITIONAL EXPERIENCE OR QUALIFICATIONS

**Please list any other skills, licenses, education, experience, and professional, civic or volunteer memberships *(may exclude those which reflect your race, color, religion, gender, national origin, age, disabilities or veteran status)* or comments which may be helpful in considering qualifications for employment.**


## OTHER PROFESSIONAL REFERENCES

Please provide three other business/professional references that are NOT related to you, are not previous supervisors, but can and will discuss your work performance. If not applicable, list three school or personal references that are NOT related to you.

<b>1</b>	NAME	OCCUPATION BUSINESS PHONE (    )
WORK PHONE AND EMAIL (    )		TITLE RELATIONSHIP
WORK ADDRESS, CITY AND STATE (ZIP)		HOW LONG KNOWN
<b>2</b>	NAME	OCCUPATION BUSINESS PHONE (    )
WORK PHONE AND EMAIL (    )		TITLE RELATIONSHIP
WORK ADDRESS, CITY AND STATE (ZIP)		HOW LONG KNOWN
<b>3</b>	NAME	OCCUPATION BUSINESS PHONE (    )
WORK PHONE AND EMAIL (    )		TITLE RELATIONSHIP
WORK ADDRESS, CITY AND STATE (ZIP)		HOW LONG KNOWN

## NOTIFICATION AND AGREEMENT

### PLEASE READ BEFORE SIGNING APPLICATION

**TRUE AND COMPLETE APPLICATION** - I certify that all answers and information given by me in this application (and any other accompanying or required documents) are true and correct to the best of my knowledge and that I have not withheld any fact or circumstance which would, if disclosed, unfavorably affect my suitability for employment. I understand that if any of the information is found incorrect or incomplete, the KU Alumni Association will reject my application or terminate my employment, regardless of when or how discovered. I authorize the KU Alumni Association to investigate all information submitted by me. I release from liability the KU Alumni Association and its representatives for seeking the information and all other persons, corporations or organizations for furnishing such information regarding me to the KU Alumni Association.

**AT-WILL EMPLOYMENT** - I agree that any employment I might be offered by the KU Alumni Association is at-will for an indefinite duration and that I or the KU Alumni Association can terminate my employment at any time with or without notice for any or no reason. I will be an at-will employee for all purposes. Consistent with this paragraph, I agree that no present or future statement of the KU Alumni Association's benefits, policies, or procedures creates an express or implied contract of employment.

**VERIFICATION OF INFORMATION** - I authorize the investigation of all statements and information contained in this application (and any other accompanying or required documents). I release from all liability anyone furnishing any information regarding me whether or not it is on the records and hereby release them from all liability for damage of providing this information.

I acknowledge that I have read and understand the above statements.

APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_