

Employment ApplicationPersonal Information

Name:			Date:					
	(Last)	(First)		(Middle)				
Address	:							
	(Street)		(City)	(State	e)	(Zip)		
Telephone:			E-Mail:					
records position	of candidates w s; and, upon hir		s; for backgrou nt identification	ary. The numbe nd check when t purposes.				
List cleri	ical experience	(i.e., answer pho	nes, typing, filir	ng, etc.):				
list soft	ware application	a experience/co	mputor skills/m	echanical, const	ruction or othe	r ekille:		
LIST SOIT	ware application	r experience/cor	riputer skilis/iri	ecriariicai, corist	ruction, or othe	r Skiiis		
Davs an	ıd Time Availab	ale for Work						
Days	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
A.M.								
P.M.								
Total Ho	ours of Work Av	ailable Per Week	c:		Date of Availab	oility:		
			Employm	ıent Eligibili	ity			
	140 141 0	_,,		_	•			
Are you	a U.S. citizen?	∃ Yes □ No						
*If no, a	re you allowed	to work in the U	.S.? □ Yes □ No)				
Have yo	ou ever worked	for this employe	r? □ Yes □ No					
*If yes, \	write the start ar	nd end dates:						



	Edu	ıcation		
gh School:		City/State:		
e: 🗆 Yes 🗆 No 🔻 🗅	riploma: □ Yes □ No			
ollege:		City/State:		
ajor:		duate: 🗆 Yes 🗆 No		
hat year are you current	ly in:			
	Employm	nent History:		
(Please list your w		nent History: .nning with your present or most recent job.)		
·	ork history below begi	nning with your present or most recent job.)		
Employer:	rork history below begi	nning with your present or most recent job.) Phone number:		
Employer:	ork history below begi	nning with your present or most recent job.) Phone number: Supervisor:		
Employer: Type of Business: Employed from:	rork history below begi	nning with your present or most recent job.) Phone number: Supervisor:		
Employer: Type of Business: Employed from:	rork history below begi	nning with your present or most recent job.) Phone number: Supervisor: May we contact: □ Yes □ No		
Employer: Type of Business: Employed from:	rork history below begi	nning with your present or most recent job.) Phone number: Supervisor: May we contact: □ Yes □ No		
Employer: Type of Business: Employed from: Duties: Reason for leaving:	rork history below begi	nning with your present or most recent job.) Phone number: Supervisor: May we contact: □ Yes □ No		
Employer: Type of Business: Employed from: Duties: Reason for leaving:	rork history below begi	nning with your present or most recent job.) Phone number: Supervisor: May we contact: □ Yes □ No		
Employer: Type of Business: Employed from: Duties: Reason for leaving:	to:	nning with your present or most recent job.) Phone number: May we contact: Yes No Phone number: Supervisor: Supervisor:		
•	e: 🗆 Yes 🗆 No D	e: Yes No Diploma: Yes No		



3.	Employer:		Phone number:				
	Type of Business:		Supervisor:		_		
	Employed from:	to:		May we contact: ☐ Yes ☐ No			
	Duties:						
	Reason for leaving:				-		
4.	Employer:		Phone	number:	_		
	Type of Business:		Supervisor: _		-		
	Employed from:	to:		May we contact: ☐ Yes ☐ No			
	Duties:						
	Reason for leaving:				-		
Refe	rences: (Name, business, relat	ionship, telephone)					
1.							
2.							
3.							
the in cond Univ	nformation given in determining r cerning my qualifications for empl rersity information they may have	my eligibility for employn loyment. Permission also with respect to my work	nent, including contact is granted to each of experience with them	I authorize Wichita State University to u cting each of my former employers liste my former employers to give Wichita S n. I understand that fraudulent statemer nissal from Wichita State University.	d tate		
Sign	nature:			Date:			

OHR 140 Rev: 12-00