



**Employment Record** - Continue with most recent experience. Make copies of this page as needed for listing additional experience.

Employer Name		Position Title	
City, State		Dates of Employment (Mo. /Yr - Mo. /Yr.)	
Supervisor	Supervisor's Telephone	Salary or Wage Rate	Hours worked per week?
Duties			
Reason for leaving:			

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Duties			
Reason for leaving:			

## Education

Have you graduated high school or received a GED or equivalency certificate?  Yes  No

Name of School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Type of School	Name of School/Location	From: Mo/Yr	To: Mo/Yr	Total Credits Completed*		Degree or Diploma	Major
				Quarter	Semester		
College or University (Undergraduate)							
College or University (Graduate)							
Technical, business or other school							

\*Indicate whether semester (S) or quarter (Q) credits

**Training** - Seminars, workshops, etc. (Including dates and length of training. You may attach an additional sheet if necessary.)

**Licenses and Certificates** - List all of your professional licenses, permits, and certificates.

License: \_\_\_\_\_ Type: \_\_\_\_\_ State: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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**Skills** - Indicate the type, system or software package appropriate to each section below and include your level of proficiency i.e., beginning, intermediate, or advanced level user.

Keyboarding/Typing Speed	Graphic Design Software & Proficiency Level (Beg, Intermediate, Advanced)
Word Processing Software & Proficiency Level (Beg, Intermediate, Advanced)	Web Design Software & Proficiency Level (Beg, Intermediate, Advanced)
Desktop Publishing Software Proficiency Level (Beg, Intermediate, Advanced)	Database Software & Proficiency Level (Beg, Intermediate, Advanced)
Presentation Software & Proficiency Level (Beg, Intermediate, Advanced)	Spreadsheet Software & Proficiency Level (Beg, Intermediate, Advanced)

**Professional References** – Include those work colleagues who have firsthand knowledge of your skills and abilities. Please note supervisors listed on your employment history will also be contacted. **(DO NOT INCLUDE PERSONAL FRIENDS OR RELATIVES.)**

Name	Telephone Number	Email:
Official Position & Employer		

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**Applicant's Certification and Agreement**

**Please read carefully before signing**

I hereby certify that the information provided in this application and any attachment materials included as a part of the application process are true, correct and complete, and that there is no willful misrepresentation, falsification or omission of any information contained in my application materials. I am aware that should investigation disclose any misrepresentation, falsification or omission as stated or implied, such misrepresentation, falsification, or omission constitutes grounds for rejection of my application or immediate dismissal from employment.

I hereby consent to and authorize any of my current or former employers to furnish any and all information concerning my employment record. In addition, I consent to and authorize the educational institutions that I attended to furnish any and all information concerning my educational background. I release all parties connected with any request for information from all claims, liability, and damages for whatever reason arising out of furnishing this information. If employed, I release Saint Martin's University from any liability for future references it may provide regarding my work history at the University. I acknowledge that I have read, understand and consent to this authorization. **A photocopy of this release shall have the same effect as the original.**

I hereby consent to a background investigation to check all information contained in or related to my application, including records of law enforcement agencies. If I am employed, I understand that employment will be on a conditional basis pending completion of the background check. I understand that should investigation disclose misrepresentation, falsification or omission, such misrepresentation, falsification or omission would constitute grounds for rejection of my application or immediate dismissal from employment.

Additionally, I understand that if my materials have been submitted via electronic format (email, fax, on-line, etc.), I may be required to provide an original signature at the time of an offer of employment. I further understand that by submission of any electronic materials I agree to the terms and conditions outlined in this document, and that the electronic submission is as valid as providing an original signature, subject to all terms and conditions as set forth in these documents.

In consideration of employment, I agree to abide by the policies and procedures of Saint Martin's University and the State of Washington and applicable federal law. I understand that no manager, supervisor, representative, or agent of Saint Martin's University, other than the president of the university or his designee, has the authority to enter into any agreement with me for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Signature (or type out your full name)	Date
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## APPLICANT/RECRUITMENT DATA FORM

Your responses to this form will assist us in the evaluation of our recruitment efforts. Saint Martin's University is committed to increasing the diversity of our faculty and staff and we are continually assessing successful recruitment sources and seeking new sources to enhance these efforts. Your responses will remain confidential. This form will be removed from your application and will not be forwarded to the screening committee.

Name \_\_\_\_\_  
 Position applying for \_\_\_\_\_

**1. Recruitment Referral: Please tell us how you heard about this vacancy**

- Chronicle of Higher Education  \_\_\_\_\_
- Saint Martin's University website
- Newspaper (Which one?)  \_\_\_\_\_
- Professional journal/newsletter (Which one?)  \_\_\_\_\_
- Professional organization (Which one?)  \_\_\_\_\_
- Referral Agency (Which one?)  \_\_\_\_\_
- Word of Mouth (friend or colleague)  \_\_\_\_\_
- Other  \_\_\_\_\_

**2. Saint Martin's University is an equal opportunity and affirmative action employer with a strong commitment to the diversity of our organization. Your voluntary response to the following will assist us in data collection/reporting and in our ability to track our progress toward our affirmative action and diversity goals.**

Gender:  Male  Female Are you 40 years of age or older?  Yes  No

Which race do you consider yourself to be? (Please check one or more)

- Hispanic/Latino  Yes  No
- American Indian or Alaska Native
- Black/African American
- Asian
- White
- Native Hawaiian/Pacific Islander

Do you have a physical, sensory, or mental impairments that substantially limit one or more major life activities (mobility, visual, audio, cognitive.)

Yes  No

Veteran Status (Check those that apply)

- Disabled Veteran - Vietnam Era V  Vietnam Era Veteran (VV)  Disabled Veteran-Other than Vietnam Era (DO)