



Instructions: This application must be filled out completely, typed or printed in ink, and signed to be considered. All documents submitted as a part of your application package become the property of the college and will not be returned. Applicants with disabilities who require assistance with the recruitment process will be accommodated to the extent reasonably possible.

Position Title _____

Select one: Full-Time Part-Time Temporary Hourly

Name (Last, First, Middle Initial)		Are you eligible for lawful employment in the U.S? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street Address		(Note: Proof of identity, citizenship or legal right to work in the U.S. will be required upon hiring.)	
City, State, Zip Code			
Home Phone	Business Phone		
List other names under which you have attended school, been employed, or known by:			
List any relatives currently employed by the college:			
Have you been convicted of a felony or released from prison within the last 10 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all convictions. (Note: A conviction will not necessarily disqualify you for employment.)			

The principles of the Catholic Benedictine tradition, equal employment opportunity, and nondiscrimination are fundamental to the mission, goals, and objectives of Saint Martin's University. The University does not discriminate in employment or in the delivery or administration of its educational programs, policies, scholarship and loan programs, athletic or other University programs on the basis of sex, sexual orientation, race, color, religion (except as a bona fide occupational qualification for certain select positions), marital status, national or ethnic origin, military or veteran status, age, or disability. Students or employees with concerns or complaints about discrimination on the basis of sex in employment or an education program or activity, or any other inquiries related to the University's non-discrimination policy, may contact the following individual; Cynthia Johnson, Director of Human Resources/Title IX Coordinator, 5000 Abbey Way SE, Lacey WA 98503, 360-491-4700 CJohnson@stmartin.edu. Consistent with the requirements of Title IX of the Education Amendments of 1972 and the regulations adopted under that law, the University has designated the above individual as the University's Title IX Officer, responsible for coordinating the University's Title IX compliance. Individuals may also contact the Office for Civil Rights, U.S. Department of Education, 915 2nd Avenue, Room 3310 Seattle, WA 98174-1099, Telephone: (206) 220-7900, TDD: (206) 220-7907

Employment Record

List present or most recent experience first. Explain any breaks in your employment history in the appropriate order; use the "Duties" space for your explanation. Make copies of page 2 as needed for listing additional experience.

You must complete the employment record section. Statements such as "See Resume or See VITA" do not substitute for completing any portion of the application.

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:			

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

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City, State		Dates of Employment (Mo. /Yr - Mo. /Yr.)	
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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)