

Lincoln Memorial University Application For Employment

We appreciate your interest in working at Lincoln Memorial University. As an equal opportunity employer, our employment practices are in accordance with the laws that prohibit discrimination due to age, color, creed, disability, ethnic/national origin, gender, military status, pregnancy, race, religion, sexual orientation, or other protected discriminatory factors. This application form was designed for use by persons applying for various types of positions---professional, technical, clerical and administrative. Applicants for faculty positions must attach an electronic copy of updated curriculum vitae. All information will be treated confidentially. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature at the end of the application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Date of Application _____

Position(s) Applied For _____

Are you seeking: Full-time Part-time Temporary employment?

On what date would you be available for work? _____

Name _____
Last First Middle

Address _____
Street City State Zip Code

Telephone () _____ Social Security Number _____

Have you ever used another name? Yes No
If Yes, what other name(s)? _____

How did you learn about us? ___ Newspaper Ad ___ LMU Employee ___ Agency ___ Other

Name of Referral Source _____

If employed and you are under 18 can you furnish a work permit? Yes No

Have you filed an application here before? Yes No If yes, when? _____

Have you ever been employed here before? Yes No If yes, when? _____

Are you employed now? Yes No

May we contact your employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No (Proof of citizenship or immigration status may be required upon employment).

Are you capable of satisfactorily performing the essential job duties of the position, with or without reasonable accommodation, for which you are applying? Yes No

Do you have adequate transportation to and from work? Yes No

Can you travel if a job requires it? Yes No

For Traveling Jobs Only: Do you have a valid driver's license? Yes No

Have you been convicted of any law violation? Yes No

If yes, please explain, _____
 (A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will be considered.)

Have you ever been terminated or asked to resign from any job or experienced a non-renewal of an employment contract/letter? Yes No

If Yes, please explain circumstances: _____

Employment Experience

This portion of the application must be completed even if a resume is submitted.

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

Employer:	Dates Employed		Work Performed
	From	To	
Address:			
	Hourly Rate/Salary		
Job Title:	Start	Final	
	\$	\$	
Supervisor:	Reason for Leaving:		
Employer:	Dates Employed		Work Performed
	From	To	
Address:			
	Hourly Rate/Salary		
Job Title:	Start	Final	
	\$	\$	
Supervisor	Reason for Leaving:		
Employer:	Dates Employed		Work Performed
	From	To	
Address:			
	Hourly Rate/Salary		
Job Title:	Start	Final	
	\$	\$	
Supervisor:	Reason for Leaving:		

Employer:	Dates Employed		Work Performed
	From	To	
Address:			
	Hourly Rate/Salary		
Job Title:	Start	Final	
	\$	\$	
Supervisor:	Reason for Leaving:		

Employer:	Dates Employed		Work Performed
	From	To	
Address:			
	Hourly Rate/Salary		
Job Title:	Start	Final	
	\$	\$	
Supervisor:	Reason for Leaving:		

Education Background

	Elementary	High School	College/University	Graduate/Professional
Name of School				
Years Completed				
Diploma/Degree				
Describe Course of Study				

Describe Specialized Training, Apprenticeship, Skills, and Extra-Curricular Activities:

Honors Received: _____

Special Skills and Qualifications:

Summarize special skills and qualifications acquired from employment or experience.

***** OPTIONAL INFORMATION*****

DEMOGRAPHIC INFORMATION: The following information is for Equal Employment Opportunity/Affirmative Action purposes only. To assist the Lincoln Memorial University in its commitment to equal employment opportunity, applicants are asked to voluntarily provide demographic information. This information will not be used in an employment decision and refusal to provide this information will **not** affect an applicant's employment opportunities.

Race/Ethnic Category (Please check all that apply):

- G Native American or Alaskan Native
- G Asian
- G Black/African American
- G Pacific Islander
- G Puerto Rican
- G Other Hispanic
- G White
- G Other: _____
- G Race and Ethnicity unknown

Gender (Please check one):

- G Male
- G Female

ATTENTION APPLICANTS: IF PROVIDING A COPY OF THIS APPLICATION WHEN ATTENDING AN INTERVIEW, DO NOT INCLUDE THIS PAGE.

State any additional information you feel may be helpful to us in considering your application.

REFERENCES (Excluding Relatives):

<i>NAME</i>	<i>ADDRESS</i>	<i>TELEPHONE</i>

By signing below, I acknowledge that:

- This application will be considered active for twelve (12) months from the date filed. If I am hired, it becomes a part of my official employment record.
- I realize that employment with Lincoln Memorial University is at will, meaning either the University or the employee may terminate the relationship at any time, with or without cause and with or without prior notice.
- I hereby authorize Lincoln Memorial University, either on its own or by and through an agent, to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize my present employer or any former employer or any other party, including references I have listed to disclose to Lincoln Memorial University any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure, except those which would indicate age, color, creed, disability, ethnic/national origin, gender, military status, pregnancy, race, religion, sexual orientation, or other related discriminatory factor. I hereby release Lincoln Memorial University, all affiliated persons and entities, as well as any person or institution that provides Lincoln Memorial University with any lawful information about me, from any and all liability whatsoever resulting from any such lawful inquiry, investigation or communication.
- I agree that any claim or lawsuit relating to my service with Lincoln Memorial University or any of its subsidiaries must be filed no more than twelve (12) months after the date of employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.
- I understand that false, misleading information or consequential omissions of any kind given in my application or interview(s) are sufficient grounds for denying employment or dismissal. I understand, also, that I am required to abide by all rules and regulations of the University.

Signature of Applicant

Date