

Staff Application for Employment

*Concordia University
Seward, Nebraska*

How to contact us:
Human Resource Office
800 North Columbia Avenue
Seward, NE 68434
(402) 643-3651
(800) 535-5494
Fax: (402) 643-3785
E-Mail: HumanResources@cune.edu
www.cune.edu/jobs

If you require an accommodation for a disability so that you may complete this Application or participate in any phase of the selection process, you are encouraged to contact the Human Resource Office.

INSTRUCTIONS: 1. Print legibly in INK only 2. Answer all questions. If you need additional space, attach a supplemental sheet.
3. Carefully read acknowledgment on back, then sign and date.

Date _____

| | | |
|---|--|--|
| PERSONAL DATA | Name _____ Last First Middle | Contact Phone #: _____ Please circle: cell home work |
| | Present Address _____ Street Address City State Zip Code | |
| | Previous Address _____ Street Address City State Zip Code | |
| | Religious affiliation _____ Name of congregation _____ | |
| | Are you 18 years or older? Yes <input type="checkbox"/> No <input type="checkbox"/> E-Mail Address _____ | |
| WORK PREFERENCE | Type of work or position applied for _____ Referred by _____ | |
| | Interested in <input type="checkbox"/> Full time <input type="checkbox"/> Part time Salary Required _____ | |
| | Use the space below to describe why you feel qualified for the position for which you are applying _____ _____ | |
| | If applying for a specific position, do you feel you have the ability to perform all of the position's essential functions listed in the position description, with or without reasonable accommodation? _____ | |
| Date available for work _____ | | |
| CUNE INFORMATION | Have you been employed by CUNE previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when _____ | |
| | Have you ever previously applied to CUNE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when _____ | |
| | Do you have relatives employed by CUNE? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name _____ Location _____ | |
| OTHER | Should you be employed by CUNE, would you engage in any other employment or business? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | If yes, where and in what capacity? _____ | |
| | If hired, can you provide proof that you are legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Have you ever been convicted, plead guilty or pleaded "no contest" to any crime, other than traffic violations? (Note: A conviction will not necessarily disqualify an applicant from employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ | |
| Have you ever been discharged or asked to resign by a previous employer? (Note: A prior termination or involuntary resignation will not necessarily disqualify an applicant from employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain _____ | | |
| SPECIAL SKILLS | If relevant, please describe your word processing skills, software knowledge, and office equipment experience: _____ _____ _____ | |
| | If relevant, please describe experience using machines and equipment: _____ _____ _____ | |

List your complete employment record including temporary, regular and part-time in date order with **most recent first**. List military service, if applicable, as part of employment record.

MOST RECENT EMPLOYER—Are you currently working for this employer? Yes No If yes, may we contact? Yes No

Company Name _____ Telephone _____

Address _____
Street Address City State Zip Code

Starting Position Title _____ Ending Position Title _____

Supervisor's Name _____ Supervisor's Title _____
Employed from _____ to _____ Beginning Salary \$ _____ Ending Salary \$ _____ Full time
Month Year Month Year Part time

Brief Position Description: _____

If you were employed under a different name, give that name in full _____ Reason for leaving _____

Company Name _____ Telephone _____

Address _____
Street Address City State Zip Code

Starting Position Title _____ Ending Position Title _____

Supervisor's Name _____ Supervisor's Title _____
Employed from _____ to _____ Beginning Salary \$ _____ Ending Salary \$ _____ Full time
Month Year Month Year Part time

Brief Position Description: _____

If you were employed under a different name, give that name in full _____ Reason for leaving _____

Company Name _____ Telephone _____

Address _____
Street Address City State Zip Code

Starting Position Title _____ Ending Position Title _____

Supervisor's Name _____ Supervisor's Title _____
Employed from _____ to _____ Beginning Salary \$ _____ Ending Salary \$ _____ Full time
Month Year Month Year Part time

Brief Position Description: _____

If you were employed under a different name, give that name in full _____ Reason for leaving _____

Company Name _____ Telephone _____

Address _____
Street Address City State Zip Code

Starting Position Title _____ Ending Position Title _____

Supervisor's Name _____ Supervisor's Title _____
Employed from _____ to _____ Beginning Salary \$ _____ Ending Salary \$ _____ Full time
Month Year Month Year Part time

Brief Position Description: _____

If you were employed under a different name, give that name in full _____ Reason for leaving _____

EMPLOYMENT AND BUSINESS EXPERIENCE

| EDUCATION | School Name/Address | Years Attended | Graduation Date | Diploma/Degree | Major Subject | Grade Point Average |
|---------------------|------------------------|----------------|------------------------|------------------------|---------------|---------------------|
| | High School: | | | | | |
| | Address: | | | | | |
| | Business/Trade School: | | | | | |
| | Address: | | | | | |
| | College/University: | | | | | |
| | Address: | | | | | |
| | College/University: | | | | | |
| | Address: | | | | | |
| PERSONAL REFERENCES | Name and address | Telephone | Business or Profession | Length of acquaintance | | |
| | 1. _____ | / _____ | / _____ | / _____ | | |
| | 2. _____ | / _____ | / _____ | / _____ | | |
| | 3. _____ | / _____ | / _____ | / _____ | | |
| | 4. _____ | / _____ | / _____ | / _____ | | |

Concordia University, Seward, Nebraska does not discriminate in hiring or employment on the basis of race, color, national origin, sex, age, marital status or other legally protected status required by law. However, because we are an entity of the Lutheran Church-Missouri Synod, Concordia University, Seward, Nebraska retains the right to give preference in hiring to persons who are members in good standing of a Lutheran Church – Missouri Synod congregation.

ACKNOWLEDGMENT OF UNDERSTANDING AND CONSENT

PLEASE READ BEFORE SIGNING!
 If you have any questions regarding this statement, please ask the Human Resource Office before signing.

I understand that this application is not an obligation to provide employment, and that nothing herein shall alter the at-will employment at Concordia University, Seward, Nebraska. Further, I understand that the application will be kept active for three months and it must be renewed to be active for a longer period.

I understand that all employees of Concordia University, Seward, Nebraska are expected to respect the official doctrines of The Lutheran Church – Missouri Synod and to pursue lifestyles that are morally in harmony with its teachings.

I authorize Concordia University, Seward, Nebraska, to investigate my personal and professional history, criminal record and credit history, and I agree to sign any necessary disclosure and release forms to permit such an investigation. Further, I understand and agree that all employers, schools and/or references may furnish Concordia University, Seward, Nebraska with any and all information regarding my service, education, character, background, history and any other information relevant to this Application, and I hereby hold any and all reference sources harmless and free from any liability for releasing and providing such information.

If I am hired, I agree to conform to all rules, regulations, policies and procedures of Concordia University, Seward, Nebraska, as amended from time to time, and understand and agree that my employment and compensation may be terminated at any time, with or without cause, and with or without notice, at the option of either myself or Concordia University, Seward, Nebraska. I further understand and agree that no manager or representative of Concordia University, Seward, Nebraska, can enter into any oral agreements relating to employment, and that only those managers or representatives expressly designated by the Board of Regents have the authority to enter into any written agreement for employment for a specified period of time, or to make any written agreement contrary to the foregoing.

I hereby certify that all of the statements made in this employment application are true and complete, to the best of my knowledge, I understand that falsification, misrepresentation or omission of any fact will be sufficient cause for elimination of any consideration for employment or cause for dismissal from Concordia University, Seward, Nebraska if I am hired.

I agree that I have read and understand all of the acknowledgments and agreements contained in this Application and recognize that these acknowledgements and agreements are conditions of the consideration of my Application for employment and employment if I am hired.

Signature of Applicant

Date

Campus Safety and Crime Report

The safety of all members of our campus community is a priority at Concordia University, Nebraska. A copy of Concordia University's annual campus security report is available by request from the Dean of Student's Office, 800 N Columbia Ave., Seward, NE 68434, or you may find it located on our university website: <http://www2.cune.edu/campuslife/righttoknow.htm>

**NOTICE AND AUTHORIZATION
TO PERMIT CONCORDIA UNIVERSITY, SEWARD, NEBRASKA
TO CONDUCT BACKGROUND CHECKS AND REQUEST CONSUMER REPORTS**

In connection with my application for employment, as well as a condition of my continued employment in the event I am hired, Concordia University, Seward, Nebraska (the "University") may conduct a background check on me, which may include obtaining a consumer report on me.

By signing this document, I authorize the University to obtain a reference check, also known as a consumer report, on me at any time. I understand that the consumer report will likely be obtained from an independent credit reporting agency and may include information as to my character, general reputation, personal characteristics, criminal background, credit worthiness and mode of living. This information may be obtained from a variety of sources, including my previous employers and references supplied by me or others.

I understand that prior to taking any adverse action against me based on information contained in a consumer report, the University will give me a copy of the report and a written description of my rights under the federal Fair Credit Reporting Act ("FCRA"), as amended. If the University actually takes an adverse action against me that is based on information contained in a consumer report, the University will notify me of the following: (1) the adverse action taken; (2) that the decision to take adverse action was based in whole or in part on information contained in a consumer report; (3) the name, address and phone number of the reporting agency from which the consumer report was obtained; (4) that the reporting agency did not make the decision to take adverse action against me and cannot provide specific reasons why it was taken; (5) notice of my right to obtain a free copy of my consumer report within sixty (60) days; and (6) notice of my right to dispute the accuracy or completeness of the information in my consumer report with the reporting agency.

A summary of my rights under FCRA is attached to this Notice and Authorization.

I have read and understand that the University may conduct a reference check and procure a consumer report on me at any time. I hereby give the University permission to conduct or obtain such reference checks and procure such consumer reports, either directly or through an independent credit reporting agency, and this authorization shall continue throughout the duration of my employment in the event I am hired. I understand that this is a condition of my application for employment, as well as a condition of my continued employment in the event I am actually hired by the University.

Name (printed)

Date

Signature

Identifying Information for Consumer Reporting Agency

The following information is required by law-enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purpose.

PLEASE PRINT CLEARLY

| | | | |
|--|---------------------------|--------------------|------------------------------------|
| Name: Last | First | Middle | |
| Other Names Used (include maiden name, aliases and nicknames): | | | |
| Current Address: | City | State | Zip Code From Date |
| Former Address: | City | State | Zip Code From Date -- To Date |
| Telephone Number: | Social Security Number: | Date of Birth: | *Gender: |
| Driver's License Number: | Type of Driver's License: | State of Issuance: | |