

Employment Application

Name	
Date	
Position(s) Applied for	

Santa Clara University is an Equal Opportunity/Affirmative Action employer, committed to excellence through diversity, and, in this spirit, particularly welcomes applications from women, persons of color, and members of historically underrepresented groups. The University will provide reasonable accommodations to all qualified individuals with a disability.

Santa Clara University annually collects information about campus crimes and other reportable incidents in accordance with the federal Jeanne Cleary Disclosure of Campus Security Policy and Campus Crime Statistics Act. To view the Santa Clara University report, please go to the Campus Safety Services website at www.scu.edu/cs/. The report includes the type of crime, venue and number of occurrences.

Please respond completely. Attach additional pages if necessary. (Please type or print)

PERSONAL INFORMATION:		Date:	
Name:		Phone:	
Address:Street	City	State	Zip
Do any relatives work for Santa Clara University, If yes, state their name and relationship:		Referred By:	
Are you at least 18 years of age? Yes No (If under 18 years of age, hire is subject to verification that you are	of minimum e	mployable age)	
If hired, can you present proof of your U.S. citizenship or proof of	your legal right	to live and work in	n this country?
☐ Yes ☐ No			
Position applying for: If hire How did you learn of this opening?	•		
Salary Desired		ys and hours available to work? _	
Type of work requested?			
Are you able to work over-time if requested? Yes No			
Are you currently employed? Yes No If yes, employer	name:		
Are you able to perform the essential functions of the job for reasonable accommodations?	which you are	e applying either v	with or without
☐ Yes ☐ No			
If no, please describe the functions that cannot be performed:			

(Note: SCU complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

EDUCATION AND TRAINING:

Name of School, Address, City and State	No. of Years Completed	Course or Major	Did you graduate?	Deg	ree/Diploma
High School					
High School					
College/University					
Graduate School					
Trade or Business School					
Other Training					
Other Training					
Have you ever been convicted of a f marijuana related offenses that are mo			kpunged conv	victions. (Convictions for
☐ No ☐ Yes					
If yes, please state the nature of the cr	rime(s), when a	and where convicted, and t	he disposition	n of the ca	ise:
(Conviction will not necessarily disqualify applicant from employment. The nature of the offense, the date of the offense, the surrounding circumstances, and the relevance of the offense to the position(s) applied for may, however, be considered.) FORMER EMPLOYERS: (List below each of your previous employers, starting with the most recent):					
Attach a separate page if ne					
(Month/Year) Employ	ne, Supervisor er, and Teleph	Name, Address of none Number	Salary I	Position	Reason for Leaving
From/To					
From/To					
From/To					
Have you ever been discharged for car	use from any of	f the above positions?			
☐ No ☐ Yes Explain reasons					

REFERENCES:

List three persons, excluding relatives, who have knowledge of your work experience.

Years

	Name	Address	Occupation	Acquainted	Phone Number	
Please	Please carefully read the following statements and initial that you understand and acknowledge each one:					
1.	1. I understand that if I am offered employment, I will as a condition of employment, be required to submit proof of my identity and legal right to work in the United States					
I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.						
3.	I understand that I will be required to possess a current and valid California driver's license if my job requires me to drive in the course of my work					
4.	4. I authorize Santa Clara University to investigate all statements contained in this application, any supporting documents and any oral representations I make. I authorize Santa Clara University to investigate my past and present work, character, education, military, and criminal background, and to secure any and all information which may be pertinent to my employment qualifications from former employers, educational institutions, government agencies and/or any references I have provided, and for those parties to provide information concerning my experience. I hereby release Santa Clara University, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.					
5.	I understand that the above conditions can only be modified or amended in writing by the Assistant Vice President of Human Resources for Santa Clara University					

Santa Clara University

DATE: ____

Mail to: Human Resources Santa Clara University 500 El Camino Real Santa Clara, California, 95053-0850

_SIGNATURE:

Phone: (408) 554-4392 Fax: (408) 554-5488 Web Address: <u>http://www.scu.edu/hr</u>