



WHEELING
JESUIT
UNIVERSITY

EMPLOYMENT APPLICATION

To complete and submit this application online please go to:
<http://www.wju.edu/about/employment>

316 Washington Avenue, Wheeling, WV 26003

Name: _____ Social Security Number: _____

Previous Names: _____

Home Address: _____
Street City State Zip

Current Address: _____
Street City State Zip

Phone: (Area Code) _____ E-Mail: _____

POSITION DESIRED: _____

Full-Time: _____ Part-Time? _____ Graduate Assistant? _____

Pay Rate/Salary Desired: _____ Do you have a valid driver's license? _____

CDL License? _____

EDUCATION

	Name of School	Address, City, State ,Zip	Did you graduate?	Major Subjects
High School				
College, Technical, or Professional School				
Graduate School				
Other				

Have you ever been **convicted** of a crime or plead no contest (other than traffic violations)? _____

[Note: A criminal conviction may not necessarily be grounds for an automatic disqualification. The nature of the conviction and the requirements for the position must be considered.]

Have you ever applied for a position with Wheeling Jesuit University before? _____

Have you worked for Wheeling Jesuit University before? _____. If so, what was your name when you worked here previously? _____

Do you have a legal right to work in the United States? _____

WORK HISTORY

Complete work history starting with PRESENT or most RECENT job, list all employers. Include self-employment, military service, summer, and part-time jobs. If you need more space, continue on a separate sheet.

Statements indicating "See Resume" are not acceptable.

1. PRESENT EMPLOYER

Employer's Name: _____

Full Address: _____

Phone: (Area Code) _____ Pay Rate, Starting: _____ Ending: _____

Supervisor's Name: _____ Dates Employed: _____ to _____

May we contact your present employer? _____

Title(s) and responsibilities: _____

2. Employer's Name: _____

Full Address: _____

Phone: (Area Code) _____ Pay Rate, Starting: _____ Ending: _____

Supervisor's Name: _____ Dates Employed: _____ to _____

Title(s) and responsibilities: _____

Reason for leaving: _____

3. Employer's Name: _____

Full Address: _____

Phone: (Area Code) _____ Pay Rate, Starting: _____ Ending: _____

Supervisor's Name: _____ Dates Employed: _____ to _____

Title(s) and responsibilities: _____

Reason for leaving: _____

4. Employer's Name: _____

Full Address: _____

Phone: (Area Code) _____ Pay Rate, Starting: _____ Ending: _____

Supervisor's Name: _____ Dates Employed: _____ to _____

Title(s) and responsibilities: _____

Reason for leaving: _____

<p>List three professional references we may contact who are prepared to comment on your employment ability:</p> <p>Name: _____ Company: _____ Address: _____ Phone: (Area Code) _____ Email: _____</p>	<p>List three personal references other than relatives:</p> <p>Name: _____ Address: _____ Phone: (Area Code) _____ Email: _____</p>
<p>Name: _____ Company: _____ Address: _____ Phone: (Area Code) _____ Email: _____</p>	<p>Name: _____ Address: _____ Phone: (Area Code) _____ Email: _____</p>
<p>Name: _____ Company: _____ Address: _____ Phone: (Area Code) _____ Email: _____</p>	<p>Name: _____ Address: _____ Phone: (Area Code) _____ Email: _____</p>

Do you have any additional qualifications or experiences relevant to the job(s) for which you are applying?

By signing my name below, I certify that all statements, made by myself, on this application are true and complete to the best of my knowledge and that I have withheld nothing that would affect this application unfavorably. By signing my name below, I acknowledge that I understand that misrepresentations or omissions may be cause for rejection of my application, or may be cause for subsequent dismissal if I am hired.

By signing below I hereby authorize the University and its designees to contact anyone they deem appropriate to investigate and verify any information I have given, and to discuss my background, past performance, and suitability for employment. Likewise, I authorize any and all persons so contacted to provide full and complete information about me and release them from any and all liability for so doing and waive all rights to bring any action for defamation, invasion of privacy, misrepresentation, or any similar claim or action as a result of their providing any information about me.

I understand that in the event I am hired by Wheeling Jesuit University to operate a motor vehicle and I am required to have a commercial driver's license (CDL), that I will be required, pursuant to federal law, to submit to drug and alcohol testing.

By signing my name below, I understand that the employment relationship with all employees of Wheeling Jesuit University is considered employment-at-will. The term "employment-at-will" means that both parties to the employment relationship – the employee and Wheeling Jesuit University – may terminate the relationship at any time with or without cause. In other words, an employee may terminate his/her employment relationship with Wheeling Jesuit University at any time without having reason and Wheeling Jesuit University may also terminate the employment relationship with the employee at any time with or without a reason. I further understand that no representative of Wheeling Jesuit University, other than the President, Academic Vice President, or Director of Human Resources, has any authority to enter into any agreement with me for any specified period of time or to guarantee some other personnel move or benefit. I understand that this entire statement applies to the period to or after I may be employed. I understand that any misstatement or omission of fact from this application shall be considered cause for dismissal at the discretion of Wheeling Jesuit University.

Wheeling Jesuit University does not discriminate in hiring on the basis of race, color, sex, national origin, age, disability, veteran status, or status in any other protected group. No questions on this application are intended to be used for such discrimination.

I understand my application will be considered for the position I have applied for and I must reapply to be considered for any other position.

Dated: _____ Applicant Signature: _____