



THE CATHOLIC UNIVERSITY OF AMERICA

Office of Human Resources

170 Leahy Hall

Washington, DC 20064

202-319-5050 FAX 202-319-5802

APPLICATION FOR EMPLOYMENT

STATEMENT OF UNIVERSITY POLICY:

The Catholic University of America does not discriminate against students or applicants for admission, or employees or applicants for employment on the basis of race, color, national or ethnic origin, religion or on the basis of sex, age or disability, in the administration of its educational or admissions policies or in any aspect of its operations.

Inquiries regarding the application of Title IX, which prohibits discrimination on the basis of sex in admission to or employment in its education programs or activities, should be referred to the Title IX Coordinator, Phone Number (202) 319-4177 or to the Office of Civil Rights of the U.S. Department of Education. See <http://counsel.cua.edu/StudLife/publications/consumerinfo.cfm> for other federally required disclosures. Applicants must answer all questions and sign the application. Incomplete or unsigned applications will not be processed.

| | | | | | | | | |
|---|--|--|---------------------------------|------|-------------|----------------|--|-----|
| Please Print Name: Last | | | First | | | Middle | | |
| Permanent Address: Number and Street | | | | City | | State | | Zip |
| Campus Address: | | | Hall | | Room Number | | | |
| Home Phone () - | | | Business Phone () - | | | E-mail Address | | |
| Name and phone number of person who would take a message if we are otherwise unable to contact you: | | | | | | | | |

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|---|--|--|-----------------------|--|--|--|--|--|
| Position Applied For: _____ | | | Requisition No. _____ | | | | | |
| Date Available for Employment: _____ | | | Salary Desired: _____ | | | | | |
| What employment are you currently seeking? <input type="checkbox"/> Regular Part-time <input type="checkbox"/> Regular Full-time <input type="checkbox"/> Temporary | | | | | | | | |
| Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | |

FOR CURRENT CUA STUDENTS ONLY

What degree program are you enrolled in? _____

How many credit hours are you currently enrolled for? _____

*Full-time CUA students are not permitted to hold either a regular part-time or regular full-time position.

*Regular employees are not eligible for tuition benefits as a dependent of a staff or faculty member.

*No University employee, regular or temporary, may hold a position in an academic department in which the employee is a student.

(Any changes in enrollment status must be reported by the employee to the Office of Human Resources)

EDUCATIONAL RECORD

| | | | | |
|--|---|---|------------------------|--------|
| High School or G.E.D. | School name, city/state/zip code | <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 | Certificate or Diploma | Awards |
| College/University | College/University, city/state/zip code | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 | Certificate or Degree | Awards |
| Graduate School | College/University, city/state/zip code | | Certificate or Degree | Awards |
| Technical School or other Special School | School name, city/state/zip code | | Certificate or Diploma | Awards |

Applicants For Campus Police Only:

Are you at least 21 years of age? Yes No
 Are you an U.S. citizen? Yes No
 If ex-military, do you have an honorable discharge? Yes No

GENERAL INFORMATION

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|--|
| Have you ever been suspended or discharged from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: |
| Are you presently using or involved in the manufacturing or distribution of illegal drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever been employed by The Catholic University of America <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give dates of employment and departments: |
| Are you related to anyone employed by The Catholic University of America? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give employee's name. |
| What source referred you to The Catholic University of America? (Please be specific) |
| <input type="checkbox"/> Internal Employee <input type="checkbox"/> Current/Former Employee Referral <input type="checkbox"/> DOES Job Services <input type="checkbox"/> College Career Services <input type="checkbox"/> Agency <input type="checkbox"/> Professional Publication or Association <input type="checkbox"/> CUA HR Website <input type="checkbox"/> Major Job Board <input type="checkbox"/> Job Fair <input type="checkbox"/> Major Local Newspaper <input type="checkbox"/> Walk-In <input type="checkbox"/> Temp To Hire <input type="checkbox"/> Unknown |
| PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT |
| Are you eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No |

EMPLOYMENT RECORD

Beginning with your **present** (or **last**) employer, list all previous employment, including military service.

| | | | | | |
|---|------------|--------------|---|-----------------------|--|
| Name of employer | | Address | | Type of business | |
| Name of immediate supervisor | | | Supervisor's title and telephone number | | |
| Title of your position | | | Reason for leaving | | |
| Starting date | Final date | Starting pay | Final pay | Hours worked per week | |
| Duties | | | | | |
| ----- | | | | | |
| ----- | | | | | |
| May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please contact me first | | | | | |

| | | | | | |
|---|------------|--------------|---|-----------------------|--|
| Name of employer | | Address | | Type of business | |
| Name of immediate supervisor | | | Supervisor's title and telephone number | | |
| Title of your position | | | Reason for leaving | | |
| Starting date | Final date | Starting pay | Final pay | Hours worked per week | |
| Duties | | | | | |
| ----- | | | | | |
| ----- | | | | | |
| May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please contact me first | | | | | |

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|---|------------|--------------|---|-----------------------|--|
| Name of employer | | Address | | Type of business | |
| Name of immediate supervisor | | | Supervisor's title and telephone number | | |
| Title of your position | | | Reason for leaving | | |
| Starting date | Final date | Starting pay | Final pay | Hours worked per week | |
| Duties | | | | | |
| ----- | | | | | |
| ----- | | | | | |
| May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Please contact me first | | | | | |

JOB RELATED SKILLS

| | |
|--|--------------------------|
| Typing speed (if applying for clerical job) wpm | Foreign language skills: |
| Please list Computer/Word Processing Skills | |
| Word Processing: | |
| Spreadsheets: | |
| Databases/Graphics: | |
| Programming Languages: | |
| What are your immediate career goals? | |
| Please explain briefly why you are applying for this position: | |
| Why do you feel qualified for this position? | |
| Can you perform the essential functions of the job for which you are applying with or without reasonable accommodations? | |

I understand that any misrepresentations, material omissions, or falsifications of information on this form may be cause for immediate termination by the University at the time of discovery. I understand that if I accept a position at the University, I must abide by its rules and regulations. I understand that an offer of employment may be contingent upon passing a physical examination which may include a drug and/or alcohol screen, and that if I am hired for a position which requires operation of a motor vehicle as part of the job, continued employment in that position will be contingent upon a satisfactory driver's record. Employment at the university may also require the applicant to submit to a background check.

Authorization to Obtain Former Employers' Records and Educational Records and Waiver of Liability

I hereby authorize all current and/or former employers and their employees and representatives to provide any and all information they deem appropriate regarding my employment and job performance to The Catholic University of America and any of its employees, representatives, and agents. This information may be provided either orally or in writing. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against all current and/or former employers and their agents, employees, and representatives, and release them, their agents, employees, and representatives from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure or release of any such information by any person or party whether such information is favorable or unfavorable to me.

I authorize The Catholic University of America to request the release of my school transcripts from any school, college, university, or any other educational institution.

Name (Printed)

Date

Signature