

## HOLY NAMES UNIVERSITY FACULTY EMPLOYMENT APPLICATION

Holy Names University is an Equal Employment Opportunity employer. Hiring decisions are made without regard to an applicant's race, color, creed, sex, religion, marital status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics, actual or perceived sexual orientation or veteran status. No question is intended to secure information to be used for such discrimination.

PERSONAL INFORMATION

Telephone Number

Home Alternate

Middle

Last

Name:

First

Present Address (Street, City, State, Zip)		Email Address				
Position Applying for		Available Start Date				
How did you learn about the position for which you are applying?						
	General Information					
			Yes	No		
1.	Can you, after employment, submit verification of your legal right to work in the United Sta	ites?				
2.	Have you ever applied to or worked for Holy Names University previously? (If yes, please a position(s) in the comment space below).	indicate date(s) and				
3.	3. Do you have any friends or relatives employed by Holy Names University? (If yes, please indicate name(s) and relationship(s) in the comment space below).					
4.	4. Have you used another name while working or attending school? (If yes, please indicate name(s) in the comment space below).					
5.	5. Can you perform the essential functions of the position for which you are applying, with or without reasonable accommodation? (If a reasonable accommodation is required, please detail in the comment space below. Note, we comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees. Hire may be subject to passing a medical examination, and to skill and agility tests.					
Comments:						

## **EDUCATION**

REFERENCES

Please attach your curriculum vitae.

1.	Name	Occupation	Relationship to You		
1.	Address	Telephone Number	Email Address		
2.	Name	Occupation	Relationship to You		
3.	Address	Telephone Number	Email Address		
	Name	Occupation	Relationship to You		
J.	Address	Telephone Number	Email Address		
	Please Read C	arefully, Initial Each Parag	raph and Sign Below		
Initials  Initials	appointment, nor to receive consideration, preference or entitlement to any regular faculty appointment, and does not count as service for purposes of any regular appointment.  I hereby certify that I have not knowingly withheld any information that might adversely affect my				
Initials	Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by the University, I am entitled to copies of any such public records obtained by the University unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of any such records even though I have checked the box below.				
	☐ I waive receipt of a co	py of any public record described in the pa	aragraph above.		
 Date	Applican	t's signature			