

Employment Application (additional work history)

The Office of Human Resources
15 East Peace Street, Raleigh, NC 27604
Fax: 919-508-2786



WILLIAM PEACE
UNIVERSITY
Your Success. Our Mission.

Applicant Information:

Last Name _____ First Name _____
Middle Name _____

6. Title of position: _____ Employer's Name: _____
Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____
Employer's Address: _____
Supervisor's Name: _____ Supervisor's Title _____
Supervisor's Phone Number (xxx-xxx-xxxx): _____
FT PT Both Starting Salary: \$ _____ per _____
FT Years: _____ Months: _____ Last/Current Salary: \$ _____ per _____
PT Years: _____ Months: _____ If part-time, hours per week: _____
List major duties and responsibilities, beginning with the most important.

7. Title of position: _____ Employer's Name: _____
Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____
Employer's Address: _____
Supervisor's Name: _____ Supervisor's Title _____
Supervisor's Phone Number (xxx-xxx-xxxx): _____
FT PT Both Starting Salary: \$ _____ per _____
FT Years: _____ Months: _____ Last/Current Salary: \$ _____ per _____
PT Years: _____ Months: _____ If part-time, hours per week: _____
List major duties and responsibilities, beginning with the most important.

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Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____
Employer's Address: _____
Supervisor's Name: _____ Supervisor's Title _____
Supervisor's Phone Number (xxx-xxx-xxxx): _____
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9. Title of position: _____ Employer's Name: _____

Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's Title _____

Supervisor's Phone Number (xxx-xxx-xxxx): _____

FT PT Both Starting Salary: \$ _____ per _____

FT Years: _____ Months: _____ Last/Current Salary: \$ _____ per _____

PT Years: _____ Months: _____ If part-time, hours per week: _____

List major duties and responsibilities, beginning with the most important.

10. Title of position: _____ Employer's Name: _____

Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____

Employer's Address: _____

Supervisor's Name: _____ Supervisor's Title _____

Supervisor's Phone Number (xxx-xxx-xxxx): _____

FT PT Both Starting Salary: \$ _____ per _____

FT Years: _____ Months: _____ Last/Current Salary: \$ _____ per _____

PT Years: _____ Months: _____ If part-time, hours per week: _____

List major duties and responsibilities, beginning with the most important.

EOE Statement:

In our employment practices, William Peace University seeks to hire, promote, and retain the best qualified individuals regardless of race, creed, color, national origin, religion, gender, sexual orientation, disability, veteran status, citizenship, or on the basis of age with respect to persons 18 years or older.

Application Certification:

I hereby certify that all information on this Application, Skills Supplement(s), and/or Veteran's Information submitted is true and complete to the best of my knowledge and belief.

I authorize persons, educational institutions, employers, licensing, registering and certify boards or other organizations to provide William Peace University with any relevant information needed to consider my Application. I understand that electronic submission, via provided email address, of my Application indicates my consent to the University's verification of any information contained in the Application. I understand that false or misleading information, documentation, or an omission or failure to include all relevant information may result in rejection of my Application, or action up to and including termination if hired. I understand that if hired by William Peace University, my employment will be at-will, which means that either I or William Peace University may terminate my employment at any time and for any reason with or without cause. I understand that, if hired, as a condition of employment, I must comply with the University's directive under the provisions of the Anti-Drug Abuse Act of 1988. Should I be employed by William Peace University, I agree to abide by all policies and procedures.

Applicant Signature: _____

Date: _____