STANFORD UNIVERSITY

Employment Application

Human Resources 320 Panama Street Stanford, California 94305-4160



Equal Opportunity Employer

JOB REQUISITION NUMBER (if applicable)

APPLICANT – TYPE OR PRINT CLEARLY IN BLACK INK										
Name (Last) (First)	(Middle)	Date of Application		If you are under 18 years of age, do you have a work permit? Yes No						
Address (Street & Apartment No.)	State Zip	Work Ph Home Ph OK to ca								
EMPLOYMENT RECORD -	e even if accompa	nied by a resume.								
Employer	Position Title		Start Date	End Date						
Street Address		Salary	Hrs. per week							
City, State, Zip	Last Supervisor's Name	Employer's Phone	May we contact this employer? ☐ Yes ☐ No							
Describe Duties/Responsibilities:			Reason for Lea	ving						
Employer	Position Title		Start Date	End Date						
Street Address		Salary	Hrs. per week							
City, State, Zip	Last Supervisor's Name		Employer's Phone ()							
Describe Duties/Responsibilities:			Reason for Lea	ving						
Employer	Position Title		Start Date	End Date						
Street Address		Salary	Hrs. per week							
City, State, Zip	Last Supervisor's Name		Employer's Phone							
Describe Duties/Responsibilities:			Reason for Lea	ving						

Employer		Position Title				Start Date		End Date		
Street Address	reet Address				Salary		Hrs. per week			
City, State, Zip		Last Supervisor's Name					Employer's Phone ()			
Describe Duties/Responsibilities:							Reason for Leaving			
Are you legally authorized to	work in th	ne U.S.? Yes	No 🗌							
Existence of a criminal recor offense, your age at the time circumstances (*Arrests with	of the off	ense, the period o	of time whic							
Have you ever been convicted of a misdemeanor or felony (other than a traffic violation or convictions for marijuana offenses in violation of Health and Safety Code sections 11357 (b) or (c), 11360 (c), 11364, 11365, or 11550 that are more than two years old)? Yes No If yes, please give date, place of conviction and explain circumstances:										
Are yo u currently out on bail or released on your own recognizance for criminal charges for which you are awaiting trial? Yes No										
I am currently employed by Stanford Hospital and Clinics (SHC) or Lucile Packard Children's Hospital at Stanford (LPCHS). By checking this box, I authorize SHC and/or LPCHS to provide Stanford University with my dates of employment, positions held, and current salary information.										
EDUCATION AND T	RAININ	IG								
	Name of Location	f School and I	Dates At From To		Did You Graduate?	Degree o Diploma	r Semester Units	Quarter Units	Major Subject	
High School										
College, University or Technical School										
College, University or Technical School										
Academic honors, awards, scholarships, professional organizations, volunteer activities, certificates, publications, licenses, or any other information you consider significant and relevant to employment at Stanford: REFERENCES – List three references including at least two supervisors who have knowledge of your work experience or										
education.				Email Address			Phone No. (Day)			
Name /Relationship			Email Address			Phone No. (Day)				
I authorize a thorough investigation of my prior employment, educational background, criminal record, and where applicable to a position, credit check and/or driving record. I agree to cooperate in such an investigation, to execute any consent forms required in connection with those investigations, and release from all liability and responsibility all persons or entities requesting or supplying such information. I understand that employment is conditional based on investigation results.										
I certify that statements mad complete statements of the f cases where erroneous infor employment application form	acts. I und	derstand that false discovered after e	e, misleadin employment	ig or omitt t has begu	ed information o un. I understand	can result in	refusal of emp	loyment or te	rmination in	
I understand that: Employme certain federal contracts, em							cation. For em	oloyees assiç	gned to work on	
Applicant's Signature					Date					
Persons with disabilities requ scheduled.	uiring acco	ommodations for i	nterviews n	nay direct	their requests to	o the hiring	department at t	he time an in	terview is	
EOE/AA									SU-29 (01/11)	