

STANFORD UNIVERSITY

Human Resources
320 Panama Street
Stanford, California 94305-4160

Employment Application



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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address (Street & Apartment No.)		City	State Zip
		Work Phone ()	Home Phone ()
		OK to call at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
EMPLOYMENT RECORD – List Present or Most Recent Employment First. Complete even if accompanied 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe Duties/Responsibilities:		Reason for Leaving	
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 Leaving	
Employer	Position Title	Start Date	End Date
Street Address		Salary	Hrs. per week
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Describe Duties/Responsibilities:		Reason for Leaving	

Existence of a criminal record is not an automatic bar to employment. Consideration will be given to the nature of the position being sought, specific offense, your age at the time of the offense, the period of time which has elapsed since the commission of the offense and any extenuating circumstances (*Arrests without conviction need not be reported.)

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:

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 TRAINING

	Name of School and Location	Dates Attended: From To	Did You Graduate?	Degree or Diploma	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 persons other than friends or relatives who have knowledge of your work experience or education.

Name	Mailing 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 made on the application, on a resume, attachments hereto, or other supplementary materials provided by me are full and complete statements of the facts. I understand that false, misleading or omitted information can result in refusal of employment or termination in cases where erroneous information is discovered after employment has begun. I understand that if I am offered employment and accept, this employment application form becomes part of the terms and conditions of employment.

I understand that: Employment is contingent on supplying of documents for Employment Eligibility Verification. For employees assigned to work on certain federal contracts, employment verification must be completed using the E-Verify system.

Applicant's Signature _____ Date _____

Persons with disabilities requiring accommodations for interviews may direct their requests to the hiring department at the time an interview is scheduled.