



**HARRIS-STOWE STATE UNIVERSITY**  
**An Equal Opportunity/Affirmative Action Employer**  
**APPLICATION FOR EMPLOYMENT**  
(Please Print or Type)

Rev. 10/07

**PERSONAL INFORMATION**

Date \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Initial Social Security Number

Telephone: \_\_\_\_\_ If alien, indicate visa type \_\_\_\_\_ number \_\_\_\_\_

Present Address: \_\_\_\_\_  
Number & Street City State Zip Code

Position(s) Sought: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Minimum salary desire \_\_\_\_\_ Full Time  Part Time

Would you consider positions other than those indicated? Yes  No  Date available for Employment: \_\_\_\_\_

Would you work: Days  Evenings  Nights  Weekends  Summer Only

Are you, or have you ever been employed at Harris-Stowe State University? Yes  No

If yes: when: \_\_\_\_\_ In what division: \_\_\_\_\_ Name at time of separation: \_\_\_\_\_

Have you in the past completed a Harris-Stowe State University Application for Employment? Yes  No

If yes, when: \_\_\_\_\_ Name at time of application: \_\_\_\_\_

Were you referred to Harris-Stowe State University by:

Own Accord  Advertisement  University Employee  Employment Service  HSSU Web Site

Do you have relatives who are currently employed at Harris-Stowe State University? Yes  No

If yes, please indicate his/her name, relationship, and University division.

Relative's Name	Relationship	University Division

Have you ever been convicted of a state or federal misdemeanor or felony that could be relevant to this job application?

Yes  No

If you check "Yes" you will be asked for further information if you are under consideration to become a finalist for this position.

MILITARY INFORMATION--*U.S. Military Service Only*

Branch	Date Entered	Date separated or made inactive	Present or last rank
Special training received		Type of duties performed	
Are you now in reserves? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you participate in yearly training camp or cruise? YES <input type="checkbox"/> NO <input type="checkbox"/>		For how long a period? In what month?

EDUCATION AND TRAINING INFORMATION

	Name & location Of School	Dates Attended	Diploma Or Degree	Major Field Of Study
High School				
Business, Trade, Secretary, Etc.				
College				
Post Graduate				

What additional special courses (vocational, business, correspondence) have you taken? \_\_\_\_\_

What special skills do you have (including skills in operation of office machines)? \_\_\_\_\_

Are you registered or licensed for any profession, skill, or trade? Yes  No

If yes, indicate type \_\_\_\_\_ Licensed No. \_\_\_\_\_ State \_\_\_\_\_

Year attained \_\_\_\_\_ Expiration date \_\_\_\_\_

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TEST RESULTS--*To be completed by the Human Resources Department*

1. Typing: Gross per minute \_\_\_\_\_ Number of errors \_\_\_\_\_ Net words per minute \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_



This page to be completed by—The HUMAN RESOURCES DEPARTMENT

REFERRAL RECORD:

DATE	DEPARTMENT	DEPARTMENTAL INTERVIEWER	POSITION	SUG. RATE	POSITION OFFERED	POSITION NOT OFFERED	COMMENTS

REFERENCE VERIFICATION:

PREVIOUS EMPLOYER	DATES OF EMPLOYMENT	POSITION	RATE OF PAY	REASON FOR LEAVING
1.				
	Comments: _____			
2.				
	Comments: _____			
3.				
	Comments: _____			
4.				
	Comments: _____			

RELEVANT EDUCATION/LICENSE VERIFICATION: \_\_\_\_\_

Comments: \_\_\_\_\_  
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