

## **University of Richmond**

## FACULTY APPLICATION FOR EMPLOYMENT

Submit to the appropriate dean's office fax:

Arts & Sciences (804) 289-8818
Business (804) 287-6544
Continuing Studies (804) 289-8138
Law (804) 289-8992
Leadership (804) 287-6694

We appreciate your interest in the University of Richmond. All applications receive careful consideration. Applicants with the best match of qualifications and experience may be invited for a personal interview.

The University of Richmond is an Equal Opportunity Employer by both policy and practice. The University prohibits discrimination and harassment against applicants, students, faculty or staff on the basis of race, color, religion, sex, sexual orientation, national or ethnic origin, age, marital or veteran status, or the presence of a non-job-related medical condition. It is the intent of the University's employment and personnel practices to conform to all applicable federal, state and local laws and regulations regarding non-discrimination.

In compliance with the requirements of the Immigration Reform and Control Act of 1986, you will be required to complete an Employment Eligibility Verification (I-9) Form and provide certain documents, which establish your identity and authorization to work in the United States. It is our policy that if an employment offer is extended, you will not be permitted to begin working until the appropriate documents are provided, reviewed and approved by Human Resource Services.

In compliance with the requirements of the Social Security Administration, you will be required to produce an original Social Security card or a receipt from the SSA verifying that you have applied for a replacement card, in order to be employed at the University of Richmond. Information regarding applying for a new or replacement card may be found at <a href="http://www.ssa.gov">http://www.ssa.gov</a>.

In consideration for my employment, I agree to conform to all current and subsequent rules and regulations of the University. I understand that no supervisor or representative of the University has any authority to enter into any other agreement with me for any specified time or to make any agreement with me for any specified period of time or to make any agreement contrary to the foregoing.

If I leave University employment, I recognize that access to electronic services (e-mail, internet, and intranet) will end and all University keys, identification cards, records, documents, materials, lists, drawings, books, programs and all other property of the University made or received by me as an employee are property of the University exclusively and must be returned unless other formal understandings (e.g. regarding intellectual property rights) supercede this requirement. In addition, any money owed the University will be deducted from my last paycheck or through special arrangements made with the University.

The security of all members of the campus community is of vital concern to the University of Richmond. Information regarding crime prevention advice, the law enforcement authority of the University Police, policies concerning the reporting of any crimes which may occur on campus, and crime statistics for the most recent 3-year period may be requested from the University of Richmond Police Department, Box 296, University of Richmond, VA 23173 or accessed <a href="http://oncampus.richmond.edu/administration/police/ccra/index.htm">http://oncampus.richmond.edu/administration/police/ccra/index.htm</a>

I certify that the statements furnished by me in the form of a CV/resumé and in this application are true and correct. I understand that any false answers or information given in this application or any such supplement thereto, or the omission of pertinent information may result in withdrawal of an employment offer or, if hired, immediate dismissal. I further understand that, if hired, my employment is subject to guidelines and policies of the University of Richmond and those stated in the *University of Richmond Faculty Handbook* found on-line at: http://oncampus.richmond.edu/academics/facultyhdbk/index.html.

I hereby authorize the University of Richmond to make a thorough investigation of my background employment record and references (including the authority to request a college transcript and a criminal conviction report). I hereby release the University of Richmond and all persons, companies or corporations supplying such information from liability or responsibility in connection with such investigation. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer and to receive a disclosure of the public record information and of the nature and scope of the investigative report. The University of Richmond will comply with the requirements of the Fair Credit Reporting Act.

Signature Date

## Please print using a black pen

| PERSONAL INFORMATION   |                          |                        |                 |                        |                               |              |           |      |
|--|--------------------------|------------------------|-----------------|------------------------|-------------------------------|--------------|-----------|------|
| Full name: (Last) (I   | First)                   | (Middle)               | 5               | Social Security Number |                               |              |           |      |
|  |                          |                        |                 | $\Box$                 |                               |              |           |      |
| A 11   |                          |                        |                 |                        |                               |              |           |      |
| Address:   |                          |                        |                 |                        |                               |              |           |      |
|  |                          |                        |                 |                        |                               |              |           |      |
|  |                          |                        |                 |                        |                               |              |           |      |
| Home phone: ( )  | Cell phone: (            | )                      |                 |                        |                               |              |           |      |
|  |                          |                        |                 |                        |                               |              |           |      |
| May we contact you at work? $\square$ Yes $\square$ No   | Work phone: (            | )                      |                 |                        |                               |              |           |      |
| E-mail address:  | FAX: (                   | ,                      |                 |                        |                               |              |           |      |
| L-man address.   | TAA.                     | )                      |                 |                        |                               |              |           |      |
| GENERAL INFORMATION  |                          |                        |                 |                        |                               |              |           |      |
| If hired, can you furnish proof that you are eligible  | to work in the United    | d States?              |                 |                        |                               | ship or im   |           |      |
| □ Yes □ No   |                          |                        |                 |                        | inal Socia<br>ployment.       | l Security o | card will | l be |
| Have you <i>ever</i> been convicted of any law violation   | ? ☐ Yes ☐ No             | This will not          | necessarily di  | •                      |                               | emplovn      | nent.     |      |
| If yes, list particulars (including date) and plea of guilty of  |                          |                        |                 |                        | <i>y</i> = 1. <i>y</i> · = 1. |              |           |      |
|  |                          |                        |                 |                        |                               |              |           |      |
|  |                          |                        |                 |                        |                               |              |           |      |
| Have you ever been employed with the University of Richmond? ☐ Yes ☐ No  |                          |                        |                 |                        |                               |              |           |      |
| If yes, please list month, year, and job title:  |                          |                        |                 |                        |                               |              |           |      |
|  |                          |                        |                 |                        |                               |              |           |      |
|  |                          |                        |                 |                        |                               |              |           |      |
|  |                          |                        |                 |                        |                               |              |           |      |
| EDUCATION AND SKILLS   |                          |                        |                 |                        |                               |              |           |      |
| Name of College/University   |                          | Are you                |                 |                        |                               |              |           |      |
| (in chronological order from earliest degree   | Location                 | currently              | Year            | , l I                  | )egree                        | Majo         | r/Pro     | gram |
| through post graduate training)  | (City and State)         | enrolled?              | Complete        | a                      |                               |              |           |      |
|  |                          |                        |                 |                        |                               |              |           |      |
|  |                          |                        |                 |                        |                               |              |           |      |
|  |                          |                        |                 |                        |                               |              |           |      |
|  |                          |                        |                 |                        |                               |              |           |      |
|  |                          |                        |                 |                        |                               |              |           |      |
| If requirements for terminal degree are yet to be completed,   | please enter information | l<br>n & indicate esti | mated date of o | completio              | on (month                     | and year)    | below:    |      |
|  |                          |                        |                 |                        |                               |              |           |      |
| SPECIAL SKILLS/EXPERTISE/TRAINING  |                          |                        |                 |                        |                               |              |           |      |
| Special skills, expertise, or training not listed above  | <b>:</b> :               |                        |                 |                        |                               |              |           |      |
|  |                          |                        |                 |                        |                               |              |           |      |
|  |                          |                        |                 |                        |                               |              |           |      |
|  |                          |                        |                 |                        |                               |              |           |      |
| PROFESSIONAL OR TESTINICAL SERVICE   | CATION/LICENSI           | IRE.                   |                 |                        |                               |              |           |      |
| PROFESSIONAL OR TECHNICAL CERTIFIC   |                          | ILL                    |                 |                        |                               |              |           |      |
| PROFESSIONAL OR TECHNICAL CERTIFIC Type of Certification/Licensure:  | CATION/LICENSU           |                        |                 |                        |                               |              |           |      |
| Type of Certification/Licensure:   |                          |                        |                 |                        |                               |              |           |      |
|  |                          | ate(s)?                |                 |                        |                               |              |           |      |
| Type of Certification/Licensure:  Are you registered or licensed in VA? □ Yes □  | No If no, what st        |                        |                 |                        |                               |              |           | _    |
| Type of Certification/Licensure:  Are you registered or licensed in VA?   Certificate/License Number: Renewal I  | No If no, what st        |                        |                 |                        |                               |              |           | _    |
| Type of Certification/Licensure:  Are you registered or licensed in VA? □ Yes □  | No If no, what st        |                        |                 |                        |                               |              |           | _    |
| Type of Certification/Licensure:  Are you registered or licensed in VA?   Certificate/License Number: Renewal Has this license ever been revoked or suspended? | No If no, what st        |                        |                 |                        |                               |              |           |      |
| Type of Certification/Licensure:  Are you registered or licensed in VA?   Certificate/License Number: Renewal I  | No If no, what st        |                        |                 |                        |                               |              |           | _    |