

APPLICATION FOR EXTRA HELP EMPLOYMENT

Plant and Service Operations

Southern Illinois University Carbondale Pho 210 Physical Plant Drive Fax Mail Code 6727

Carbondale, Illinois 62901

Phone: 618 | 453.6793 Fax: 618 | 453.3295

SIUC is an affirmative action/equal opportunity employer that strives to enhance its ability to develop a diverse faculty and staff and to increase its potential to serve a diverse student population. All applications are welcomed and encouraged and will receive consideration.

PERSONAL INFORMATION				
Last Name	First Name	Middle		
Mailing address	City	State	Zip	
Home Phone	Business Phone	Cellular Phone		
Birth Date (Respond only if you are under 18.)			Have you ever taken any examination under the State Universities Civil Service System of Illinois?	
Type of work desired				
	ing for X will require oricense is required, please sign provide a valid license.			
Signature	Date			
If you are hired, what day of	of the week/hours will you be a	available for work?		
Date you can begin work				

EMPLOYMENT HIS	TORY
Are there any other experiences, skills or qualifications which you fe performing the work for which you have applied?	
List any technical or professional registrations, certifications, and/or expiration dates):	
Please indicate the type of degree awarded, if applicable	
Please indicate the highest level of education completed	
EDUCATION AND TRAIN	NING
If yes to either question, explain below:	
Have you ever been suspended or discharged from any position?	☐ Yes ☐ No
•	Yes No
Have you ever been disciplined or discharged for sexual harassment,	
A conviction record will not necessarily be a bar to employment; factors such as age nature of the violation, and rehabilitation will be taken into account in terms of the pomission of facts in your response to this question may be cause for rejection of your	osition applied for. Misrepresentation or
If yes to either question, explain below:	
Have you ever pled or been adjudicated guilty of a felony?	☐ Yes ☐ No
Have you ever pled or been adjudicated guilty of a misdemeanor?	

List below present and past employment, in chronological order, beginning with your most recent.

Employer's Name &	Dates of	Reason For	Name of	Duties & Responsibilities
Address	Employment	Leaving	Supervisor	
1.	From			
	То			
2.	From			
	То			

	То			
4.	From			
	То	_		
5.	From			
	То			
I am employed, any false	ed them in this emple statement on this	loyment application may	result in immedia	W complete. I understand that if te termination of employment. ed at any time for any reason
Signature of Applicant			Date	

From

3.

PSO EMPLOYEE EMERGENCY CONTACT INFORMATION

YOUR NAME: _			
	Last	First	M.I.
YOUR MAIN PH	ONE:		
YOUR MAILING	ADDRESS:		
CITY, STATE, Z	IP:		
Primary Contact	Name:		
Primary Contact	Relationship:		
Primary Contact	Main Phone:		
Primary Contact	Alternate Phone:		
Secondary Conta	act Name:		
Secondary Conta	act Relationship:		
Secondary Conta	act Main Phone:		
	act Alternate Phone:		

PLEASE PRINT NEATLY