

Have you ever pled or been adjudicated guilty of a misdemeanor? Yes No

Have you ever pled or been adjudicated guilty of a felony? Yes No

If yes to either question, explain below:

A conviction record will not necessarily be a bar to employment; factors such as age and recency of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account in terms of the position applied for. Misrepresentation or omission of facts in your response to this question may be cause for rejection of your application or termination of employment.

Have you ever been disciplined or discharged for sexual harassment, fighting, assault or related offenses?

Yes No

Have you ever been suspended or discharged from any position?

Yes No

If yes to either question, explain below:

EDUCATION AND TRAINING

Please indicate the highest level of education completed _____

Please indicate the type of degree awarded, if applicable _____

List any technical or professional registrations, certifications, and/or licenses which you possess (include expiration dates): _____

Are there any other experiences, skills or qualifications which you feel would especially aid you in performing the work for which you have applied? _____

EMPLOYMENT HISTORY

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

Employer's Name & Address	Dates of Employment	Reason For Leaving	Wages or Salary	Name of Supervisor	Duties & Responsibilities
1.	From To		Beginning Ending		
2.	From To		Beginning Ending		

3.	From		Beginning		
	To		Ending		
4.	From		Beginning		
	To		Ending		
5.	From		Beginning		
	To		Ending		

PLEASE READ CAREFULLY AND SIGN BELOW

The facts, as I have stated them in this employment application, are true and complete. I understand that if I am employed, any false statement on this application may result in immediate termination of employment. I also understand that if hired, my employment is at-will and can be terminated at any time for any reason by the University.

Signature of Applicant

Date

PSO EMPLOYEE EMERGENCY CONTACT INFORMATION

YOUR NAME: _____
Last First Middle

PRIMARY CONTACT NAME: _____

PRIMARY RELATIONSHIP: _____

PRIMARY PHONE: _____

SECONDARY CONTACT NAME: _____

SECONDARY RELATIONSHIP: _____

SECONDARY PHONE: _____

VERY IMPORTANT: PLEASE PRINT NEATLY