



It is the policy of Hofstra University to provide equal opportunity to all employees and applicants for employment and to comply with all federal, state and local laws. Specifically, it is Hofstra's policy: To recruit, hire, promote, reassign, compensate and train qualified persons without regard to race, color, religion, sex, sexual orientation, national origin, ancestry, age, marital status, physical or mental disability, medical condition or veteran status. This statement of nondiscrimination is in compliance with Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973 and other federal, state and local laws.

All administrative employees are free to resign at any time and are subject to discharge at any time (with or without notice), and the employment relationship is not the provision of any external documents except as expressly provided by Hofstra in writing.

Please Type or Print (Ink Only):

Form fields for personal information: LAST NAME, FIRST, MIDDLE, STREET ADDRESS, APT. #, CITY, STATE, ZIP, EMAIL ADDRESS, EVENING PHONE #, DAYTIME PHONE #, ALTERNATE PHONE #, SOCIAL SECURITY#

We can contact you at [] evening#, [] daytime# or [] alternate #.

Position Applying For:

Check availability for employment, by checking only one category: [] Full-Time [] Part-Time [] Temporary

Referral Source: [] Advertisement [] Employment Agency [] Walk-In [] Other

Employment History:

Begin with current or most recent position and work backward. Complete in detail and include your last 10 years of employment history. Explain any lapse for which time is not accounted. Include all work experience (military, part-time and volunteer).

Are you employed now? [] Yes [] No May we contact your present employer? [] Yes [] No

Comments:

Present or Most Recent Position:

Form fields for present position: Employer, Business Phone, Address (city/state/zip), Type of Business, Salary \$ per, Supervisor's Name, Position held, From (mo/yr) To (mo/yr) Full-time? [] Yes [] No (if no, # hours/week), Reason for leaving: [] Voluntary [] Involuntary, Explain:

Previous Position:

Form fields for previous position: Employer, Business Phone, Address (city/state/zip), Type of Business, Salary \$ per, Supervisor's Name, Position held, From (mo/yr) To (mo/yr) Full-time? [] Yes [] No (if no, # hours/week), Reason for leaving: [] Voluntary [] Involuntary, Explain:

Previous Position:

Form fields for previous position: Employer, Business Phone, Address (city/state/zip), Type of Business, Salary \$ per, Supervisor's Name, Position held, From (mo/yr) To (mo/yr) Full-time? [] Yes [] No (if no, # hours/week), Reason for leaving: [] Voluntary [] Involuntary, Explain:

EDUCATION	Name & Address of School	Number of Years Completed/Credits Earned	Major or Program & Degree or Certificate Awarded
High School			
College/University			
College/University			
College/University			

List all professional licenses you hold and/or memberships in professional organizations you belong to and indicate offices held:

1) _____, 2) _____, 3) _____,
 4) _____, 5) _____, 6) _____.

List all special skills:

1) _____, 2) _____, 3) _____.

Employment Information:

- A. Have you ever filed an application to work at Hofstra University before? Yes No
 - B. Have you ever worked for Hofstra University? Yes No
 If you answer yes to Item B, please list department(s) worked in and dates: _____
 - C. Are any of your relatives employed by Hofstra University? Yes No
 If you answer yes to item C, please list name of relative: _____
 - D. If you are under 18, can you furnish a work permit? Yes No
 - E. Have you ever been convicted of any criminal offense? Yes No
 If you answer yes to item E, please provide date and explain: _____
- NOTE: A criminal conviction will be considered only in relation to the position for which you are applying.
- F. Are you currently on probation or under government supervision? Yes No
 If you answer yes to item F, please explain: _____
 - G. If offered a position, can you provide proof of eligibility to work in the U.S.? Yes No
 - H. Are you a veteran of a U.S. military service? Yes No
 - I. Did you attach your resume with this application? Yes No
 - J. On what date would you be available to start work? _____

References:

List three persons whom we may contact regarding your professional activities:

_____ (Name)	_____ (Address)	_____ (Phone)
_____ (Name)	_____ (Address)	_____ (Phone)
_____ (Name)	_____ (Address)	_____ (Phone)

Campus Safety:

The Federal Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act requires colleges and universities to publish and distribute an annual security report containing policies as well as campus crime statistics. You can access this information on Hofstra University's website at www.hofstra.edu/StudentServ/IC/IC_Public_Safety_Report.cfm.

I certify that all the information on this application is accurate and complete to the best of my knowledge and belief. I understand this information is subject to verification and that my employment and/or continuance thereof may be contingent upon its accuracy and completeness. I agree and authorize Hofstra University to obtain any information pertaining to my background, for employment purposes only. I release and discharge Hofstra University and its agents from any and all liability, claims, and damages arising out of, or relating to, any investigation of my background. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by the rules of Hofstra University.

Signature of Applicant _____ Date _____