

STAFF APPLICATION FOR EMPLOYMENT

Truman is an equal employment, affirmative action employer committed to cultural diversity and compliance with the Americans with Disabilities Act. Truman State University recognizes the worth and dignity of all persons, and the University does not discriminate on any basis not related to the applicable educational requirements of students or the applicable job requirements of employees.

PERSONAL DATA: (Please print in dark ink or type)			Date				
Name		Middle	Other Name(s)				
Last	First	Middle		(as may appear on transcripts)			
Present Address							
	Street	City	State	ZIP			
Home Telephone Numb	er	Email					
Other Number Where Y	ou Can Be Reached						
•		es on an unrestricted basis?					
, , ,	·	iversity previously? Yes					
Do you have relatives cu	rrently employed by T	ruman State University?	Yes \square No				
If yes, list name(s) and re	elationship						
Relatives may be employed	l but an individual can	not be a supervisor of a relati	ve.				
Do you currently hold a	valid drivers license?	☐ Yes ☐ No If yes, give sta	ate and number				
•		or or a felony? Yes No pplicant for employment.)	0				
If yes, please explain							

The University Mission Statement: The mission of Truman State University is to offer an exemplary undergraduate education, grounded in the liberal arts and sciences, in the context of a public institution of higher learning. To that end the university offers undergraduate studies in the traditional arts and sciences as well as selected preprofessional, professional, and master's level programs that grow naturally out of the philosophy, values, content, and desired outcomes of a liberal arts education.

Type of Position Desired:	
Are you applying for a currently advertised position?	□No
If yes, which one?	
How did you learn of this opening?	
☐ Human Resources Job Posting ☐ Truman Webs	ite
☐ Newspaper Advertisement (which paper)	
Referred by	
Other (please specify)	
Application materials will be retained in Human Resources for request	a limited time but will be forwarded for consideration only upon your
Are you interested in: Full-Time Part-Time Temporal Fyou wish part-time, what hours are you available for work: When are you available to begin work:	
SKILLS:	
SECRETARIAL/CLERICAL:	PHYSICAL PLANT:
(Please check and indicate speed where applicable.)	Please list mechanical, construction, grounds-
☐ Word Processing	keeping, plumbing, electrical, or custodial
Programs:	skills: (be specific)
☐ Typing wpm ☐ Bookkeeping ☐ Filing ☐ Cashier ☐ Telephone	Lynnany
COMPUTER:	Library:
Please list software and/or hardware you are familiar with which is not listed above:	Please list specific skills:

What experiences, skills, or abilities would especially qualify you for employment at Truman State University?

EMPLOYER REFERENCES: Show your employment history for the past ten years including any open periods. List present or most recent employment or open time period first. Please add supplemental sheets if necessary. Please give complete address, including ZIP code. This section may be supplemented with, but not replaced by, a resume.

	Kind of Business		Salary	
			Starting	Leaving
Address of Employer		Telephone	Dates Emplo	yed
			From	То
Describe Your Duties (detail):			May we	contact for references
			□ Ye	es 🗆 No
Your Title Upon Leaving	Name and Title of Super	visor Reason for Leav	ing	
	771 1 CD 1		0.1	
Employer	Kind of Business		Salary Starting	Leaving
Address of Employer		Talanhana	1	
Address of Employer		Telephone	Dates Emplo	To
Describe Veur Duries (detail)				contact for references
Describe Your Duties (detail):				
Your Title Upon Leaving	Name and Title of Super	rvisor Reason for Leav	ing	
Employer	Kind of Business		Salary	
		I	Starting	Leaving
Address of Employer		Telephone	Dates Emplo	yed
Address of Employer		r		
Address of Employer			From	То
Describe Your Duties (detail):			May we	contact for references
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Describe Your Duties (detail): Your Title Upon Leaving Employer		rvisor Reason for Leav	May we Ye Ing Salary Starting Dates Emplo From	Leaving To contact for references

	including ZIP	Co		ars plet	ed	Did You Graduate?	List Diploma, Degree, or Certificate
High School		1	2	3	4	☐ Yes ☐ No	
Vocational/ Technical		1	2	3	4	☐ Yes ☐ No	
College -		1	2	3	4	☐ Yes ☐ No	
College		1	2	3	4	☐ Yes ☐ No	
	CES: loyers or Relatives. Please list at least th tho is not employed at Truman State Un	know	/n f	for a	a m	inimum of one yea	г.

	Complete Address Including ZIP	Phone Number
Name:		
Occupation:		
Name:		
Occupation:		
Name:		
Occupation:		

Please read all of the statements below and then sign and date the application.

I authorize Truman State University to make an investigation of any or all of the facts set forth in this application.

I understand that relevant transcripts will be required before any offer of employment is made for all positions and, therefore, should be submitted along with this application. (Please contact Human Resources if obtaining transcripts will create an undue hardship.)

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing which, if disclosed, would affect this application unfavorably. I understand that the willful omission of pertinent material facts or falsification of any information in this application is grounds for refusal to hire or, if I have been hired, grounds for termination.

I authorize my previous employers, schools, or persons named as references to give any information regarding employment or educational records. I agree that Truman State University and my previous employers shall not be held liable in any respect if a job offer is not extended, or is withdrawn, or if my employment is terminated because of reference information, false statements, omissions, or answers made by me on this application. If I am employed by Truman State University, I will comply with all policies and procedures as set forth in any communication distributed or available to employees.

I understand that employment with Truman State University is "at will," which means that either I or Truman State University can
terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All
employment is continued on that basis. I understand that no supervisor, manager, or executive of Truman State University, other
than the President, has any authority to alter the foregoing.

Signature of Applicant	Date