



# Staff Application for Employment

Truman State University is an equal opportunity and affirmative action employer committed to assembling a diverse, broadly trained faculty and staff. Women, minorities, people with disabilities and veterans are strongly encouraged to apply. In compliance with applicable laws and in furtherance of its commitment to fostering an environment that welcomes and embraces diversity, Truman State does not discriminate on the basis of age, color, disability, national origin, race, religion, sex (including pregnancy), sexual orientation, or protected veteran status in its program or activities, including employment, admissions, and educational programs. Inquiries may be directed to the Institutional Compliance Officer, 660-785-4354 and titleix@truman.edu.

Truman State is committed to providing reasonable accommodation to qualified individuals with disabilities upon request. To request this document in an alternate form or to request an accommodation, please contact Human Resources, McClain Hall 101, 100 E. Normal, Kirksville, MO 63501, 660-785-4031 or hrstaff@truman.edu.

Date \_\_\_\_\_

**PERSONAL DATA:** (Please print in dark ink or type)

Name \_\_\_\_\_ Other Name(s) \_\_\_\_\_  
Last First Middle (as may appear on transcripts)

Present Address \_\_\_\_\_  
Street City State ZIP

Home Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Other Number Where You Can Be Reached \_\_\_\_\_

Are you authorized to work in the United States on an unrestricted basis?  Yes  No

If no, please explain \_\_\_\_\_

Have you been employed by Truman State University previously?  Yes  No

If yes, give approximate dates and departments \_\_\_\_\_

Do you have relatives currently employed by Truman State University?  Yes  No

If yes, list name(s) and relationship \_\_\_\_\_

*Relatives may be employed but an individual cannot be a supervisor of a relative.*

Do you currently hold a valid driver's license?  Yes  No If yes, give state and number \_\_\_\_\_

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 pre-professional, 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?  Yes  No

If yes, which one? \_\_\_\_\_

How did you learn of this opening?

Human Resources Job Posting  Website (which site) \_\_\_\_\_

Newspaper Advertisement (which paper) \_\_\_\_\_

Referred by \_\_\_\_\_

Other (please specify) \_\_\_\_\_

*Application materials will be retained in Human Resources for a limited time but will be forwarded for consideration only upon your request.*

Are you interested in:  Full-Time  Part-Time  Temporary (Check all that apply)

If you wish part-time, what hours are you available for work: \_\_\_\_\_

When are you available to begin work: \_\_\_\_\_

## SKILLS:

---

### SECRETARIAL/CLERICAL:

(Please check and indicate speed where applicable.)

Copier/Fax

Typing \_\_\_\_\_ wpm

Filing  Bookkeeping/Cashier

Email  Word-Processing

### PHYSICAL PLANT:

Please list mechanical, construction, grounds-keeping, plumbing, electrical, or custodial skills: (be specific)

### COMPUTER:

Please list software and/or hardware proficiencies that are not listed above:

### LIBRARY:

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.

Most Recent Employer	Kind of Business	Salary Starting	Leaving
Address of Employer	Telephone	Dates Employed From To	
Describe Your Duties (detail):			May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Title Upon Leaving	Name and Title of Supervisor	Reason for Leaving	

Employer	Kind of Business	Salary Starting	Leaving
Address of Employer	Telephone	Dates Employed From To	
Describe Your Duties (detail):			May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Title Upon Leaving	Name and Title of Supervisor	Reason for Leaving	

Employer	Kind of Business	Salary Starting	Leaving
Address of Employer	Telephone	Dates Employed From To	
Describe Your Duties (detail):			May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Title Upon Leaving	Name and Title of Supervisor	Reason for Leaving	

Employer	Kind of Business	Salary Starting	Leaving
Address of Employer	Telephone	Dates Employed From To	
Describe Your Duties (detail):			May we contact for references <input type="checkbox"/> Yes <input type="checkbox"/> No
Your Title Upon Leaving	Name and Title of Supervisor	Reason for Leaving	

## EDUCATIONAL RECORD:

Please attach transcripts or contact Human Resources if you are unable to obtain.

	Name and Address of School including ZIP	Course of Study	Years Completed				Did You Graduate?		List Diploma, Degree, or Certificate
			1	2	3	4	Yes	No	
High School									
Vocational/ Technical									
College									
College									

## REFERENCES:

Not Former Employers or Relatives. Please list at least three people that you have known for a minimum of one year. List at least one who is not employed at Truman State University.

<b>Name:</b>	<b>Phone:</b>
<b>Occupation:</b>	<b>Email:</b>
<b>Name:</b>	<b>Phone:</b>
<b>Occupation:</b>	<b>Email:</b>
<b>Name:</b>	<b>Phone:</b>
<b>Occupation:</b>	<b>Email:</b>

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

## Truman State University Self-Identification Form

As a federal contractor, Truman State University is subject to governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In compliance with these regulations, we are required to record the number of employees by gender and race/ethnic group, as well as veteran status. We are asking employees to complete a voluntary self-identification form so that we can update our records for accurate reporting.

Completion of this form is voluntary and will not affect your employment opportunities or terms or conditions of employment. The information obtained will be kept confidential and may only be used in accordance with provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

-----  
**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Gender:**  **Male**     **Female**

**Race/Ethnicity:** Please indicate the racial/ethnic group with which you identify. Definitions are provided on the back of this form.

**Hispanic or Latino**

**White (Not Hispanic or Latino)**

**Black or African American (Not Hispanic or Latino)**

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**

**Asian (Not Hispanic or Latino)**

**American Indian or Alaska Native (Not Hispanic or Latino)**

**Two or More Races (Not Hispanic or Latino)**

**Veteran Status:** If you believe you belong to any of the categories of protected veterans listed on the back of this form, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

**I identify as one or more of the classifications of protected veteran listed on the back of this form.**

**I am not a protected veteran.**

## Definitions:

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

**Protected Veterans:** Truman State University is subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, [38 U.S.C. 4212](#) (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment veterans in the following classifications:

- A disabled veteran includes any veteran of the U.S. military, ground, naval or air service who: (a) is entitled to compensation, or who but for the receipt of military retired pay would be entitled to compensation under laws administered by the Secretary of Veteran Affairs, or (b) was discharged or released from active duty because of service-connected disability.
- Recently Separated Veteran includes any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
- Active Duty Wartime or Campaign Badge Veteran includes any veteran who served on active duty in the U.S. military, ground, naval or air service in a war, campaign or expedition in which a campaign badge has been authorized under the laws administered by the Department of Defense.
- Armed Forces Service Medal Veteran includes any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United State military operation for which an Armed Forces service medal was awarded pursuant to [Executive Order 12985](#).

## Voluntary Self-Identification of Disability

Form CC-305  
Page 1 of 1

OMB Control Number 1250-0005  
Expires 05/31/2023

Name: \_\_\_\_\_  
Employee ID: \_\_\_\_\_  
(if applicable)

Date: \_\_\_\_\_

### Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

### How do you know if you have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition. *Disabilities include, but are not limited to:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

### Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

### For Employer Use Only

Job Title: \_\_\_\_\_  
Department: \_\_\_\_\_  
Date of Hire: \_\_\_\_\_