



Return To:

Application for Employment

Please Print Clearly!

TODAY'S DATE: _____ POSITION APPLIED FOR: _____

NAME: _____
Last First Middle

ADDRESS: _____
Number and Street

_____ City State Zip Code Telephone Number

Personal Data

If you are under 18 years of age, please indicate your birth date: _____

Are you a U.S. Citizen, U.S. National or Permanent Resident? Yes No

If No, are you authorized to work in the U.S.? Yes No

All positions require some travel; are you a licensed driver? Yes No

Do you have access to a car? Yes No

Or public transportation? Yes No

May we contact you at your place of employment? Yes No

Have you ever been convicted of any criminal offense

other than minor traffic violations? Yes No

If yes*, please explain: _____

*Please Note: A conviction will not necessarily bar you from employment. Each conviction is judged on its own merits with respect to time, circumstances and seriousness.

Education

School you last attended: _____
School

_____ City State

Highest grade completed or degree received: _____

Have you received any other special training that would help you in performing this job? Yes No

If yes, please describe the training: _____

List any community activities in which you have worked with adults and/or youth:

Employment Record

List former employers who may be contacted as references:(List the most recent first.)

1. PRESENT OR LAST EMPLOYER _____

Address _____
Number and Street

_____ City State Zip Code Phone Number

Date of Employment: From: _____ To: _____

Person to Contact: _____

Type of Work: _____

Your Reason for Leaving: _____

2. PRESENT OR LAST EMPLOYER _____

Address _____
Number and Street

_____ City State Zip Code Phone Number

Date of Employment: From: _____ To: _____

Person to Contact: _____

Type of Work: _____

Your Reason for Leaving: _____

3. PRESENT OR LAST EMPLOYER _____

Address _____
Number and Street

City State Zip Code Phone Number

Date of Employment: From: _____ To: _____

Person to Contact: _____

Type of Work: _____

Your Reason for Leaving: _____

4. PRESENT OR LAST EMPLOYER _____

Address _____
Number and Street

City State Zip Code Phone Number

Date of Employment: From: _____ To: _____

Person to Contact: _____

Type of Work: _____

Your Reason for Leaving: _____

Please list two to four persons other than employers who may be contacted as references; do not include relatives.

1. Name _____ Phone Number _____

Address _____

Position or Occupation _____

2. Name _____ Phone Number _____

Address _____

Position or Occupation _____

3. Name _____ Phone Number _____

Address _____

Position or Occupation _____

4. Name _____ Phone Number _____

Address _____

Position or Occupation _____

United States Military Service

Branch of Service _____ Date of Entry _____

Present or Last Rank _____ Release Date _____

Remarks

This space is provided to make any additional remarks that will give us a more complete knowledge of your background.

I certify that the information I have given is complete, true and correct to the best of my knowledge and belief. I further affirm that I have not knowingly withheld any facts or circumstances in completing this application. I understand that my misrepresentation of information by me can cancel this application, or be cause for my termination in the event I am employed by the University.

Your Signature

Date

This publication is available in alternative media on request.

The Pennsylvania State University is committed to the policy that all persons shall have equal access to programs, facilities, admission, and employment without regard to personal characteristics not related to ability, performance, or qualifications as determined by University policy or by state or federal authorities. The Pennsylvania State University does not discriminate against any person because of age, ancestry, color, disability or handicap, national origin, race, religious creed, sex, sexual orientation, or veteran status. Direct all inquiries regarding the nondiscrimination policy to the Affirmative Action Director, The Pennsylvania State University, 222 Bouke Building, University Park, PA 16802-2801: Tel. (814) 865-4700/V, (814) 863-1150/TTY.

AFFIRMATIVE ACTION APPLICANT DATA CARD

Return to: Dept. Address College of Agricultural Sciences, OHR, 307 Ag Admin Bldg.

Name _____
Last First & Middle Initial
Date _____ Sex: male _____ female _____ Position applied for _____

The University's commitment to equal opportunity, nondiscrimination, and affirmative action is realized through its Affirmative Action Compliance Plan. This Plan and legal* responsibilities to equal employment opportunity require periodic reports of job applicants by race/ethnic categories, sex, disability/handicap, and veteran status. This information is voluntary and will be kept confidential. PLEASE CHECK THE APPLICABLE CATEGORIES (see below) IN **A** AND **B** BELOW:

- A. American Indian or Alaskan Native Asian or Pacific Islander
- Black (Non-Hispanic) Hispanic White (Non-Hispanic)
- B. Disabled or Vietnam-Era Veteran Disabled/Handicapped Neither (As related to Section B)

Signature _____

The Pennsylvania State University is an equal opportunity employer and does not discriminate against any person because of age as defined by law, ancestry, color, disability or handicap, national origin, race, religious creed, sex, sexual orientation, or veteran status. Direct all affirmative action inquiries to the Affirmative Action Office, 201 Willard Building, University Park, PA 16802; (814) 863-0471.

* **LAWS AND REGULATIONS:** Civil Rights Act of 1964; Equal Pay Act; Age Discrimination Act; Rehabilitation Act; Education Amendments; Vietnam Veterans Readjustment Act; Executive Order 11246; The Pennsylvania Human Relations Act; the Americans with Disabilities Act (ADA). The categories are defined as follows:

A. American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America and who maintain a cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. The areas include, for example, China, Japan, Korea, India, the Philippine Islands, and Samoa.

Black (not of Hispanic Origin): All persons having origins in any of the black racial groups of Africa.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

White (not of Hispanic Origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East. **NOTE:** Members of groups who are not U.S. Citizens or permanent residents of this country, are not considered American minorities. (They may, however, still be protected by laws prohibiting discrimination based on national origin.)

B. Disabled or Vietnam Era Veteran: Persons who qualify as (1) disabled veterans if they have a 30 percent or more disability or were discharged or released from active duty because of a service-connected disability, or (2) any part of whose active military service was during the Vietnam era.

Disabled Individual: Any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, or (3) is regarded as having such an impairment.

