



2800 University Boulevard North
 Jacksonville, Florida 32211-3394

FACULTY EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

APPLICANTS ARE CONSIDERED FOR OPEN POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARTIAL STATUS, VETERAN STATUS, OR THE PRESENCE OF A DISABILITY.

PLEASE PRINT

Name (Last, First, Middle):		Application Date:	
Have you ever been employed under a different name? If so, please state name(s):		Email Address:	
Mailing Address:		City:	State: Zip:
Home Phone: Work Phone:	Social Security Number:	Are you legally eligible for employment in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO Proof of employment eligibility will be required upon employment.	
Position Applied For:			
Status Desired: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	Preferred Course Assignments:		
Are you able to perform the essential functions of the job? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, explain			
Membership in Learned and Professional Societies: _____ _____ _____			
Publications: _____ _____ _____			
Plans for Advanced Study, Research, Consulting, and Publication: _____ _____			

EDUCATION

Institutions Attended:	Dates of Attendance	Major	Minor	Degrees Received/Date
Doctoral Dissertation Title:				
Honors and Distinctions, including Honorary Societies:				

Start with your present or most recent job

EMPLOYMENT EXPERIENCE

Employer:	Date Employed:		Responsibilities:
	From	To	
Address:			
Supervisor, Title & Phone Number:	Salary:		
	Starting	Final	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Reason for Leaving:			

Employer:	Date Employed:		Responsibilities:
	From	To	
Address:			
Supervisor, Title & Phone Number:	Salary:		
	Starting	Final	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Reason for Leaving:			

Employer:	Date Employed:		Responsibilities:
	From	To	
Address:			
Supervisor, Title & Phone Number:	Salary:		
	Starting	Final	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Reason for Leaving:			

Employer:	Date Employed:		Responsibilities:
	From	To	
Address:			
Supervisor, Title & Phone Number:	Salary:		
	Starting	Final	
May we contact this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Reason for Leaving:			

SPECIAL SKILLS AND EXPERIENCE

Administrative Experience _____

PROFESSIONAL/PERSONAL REFERENCES

List people other than relatives or former employers		
Name & Occupation:	Address:	Phone Number:
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AGREEMENT

1. I certify that all information provided herein is true and complete to the best of my knowledge.

2. I understand that any false statements or omission of information in this application may be sufficient cause for disqualifying my application from consideration or, if hired, for discharge.

3. I hereby authorize Jacksonville University to verify all statements contained in this application, and to contact all references, employers (except as limited by me herein), or any other persons or agencies having information relative to such statements. I request any duly constituted law enforcement agency or judicial officer to furnish Jacksonville University with all information at its disposal pertaining to any criminal conviction record on me. I hereby release Jacksonville University or other individual from any liability arising from disclosure of said information.

4. I understand that Jacksonville University has not requested information regarding the existence of a criminal background at this time. However, I understand that Jacksonville University conducts background checks on all individuals offered employment with the University and that any offer of employment will be conditioned on the result of a background investigation. I further understand that certain information in the background check may disqualify me from employment even if I am otherwise the most qualified applicant for employment.

5. The contents of any faculty handbook or personnel manuals, as well as other University policies and practices, are subject to change or modification by the University. I also understand that no supervisor or other official of the University (except its Chief Executive Officer) in writing has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

6. This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply. Applicants needing accommodations due to disability in connection with applying for a position should contact the Human Resources Department at (904) 256-7025.

I certify that I have read, understand, and agree with all items listed above.

Applicant's Signature

Date