



# OHIO NORTHERN UNIVERSITY FACULTY APPOINTMENT APPLICATION

## NONDISCRIMINATION POLICY

Ohio Northern University does not discriminate on the basis of an individual's race, color, religion, sex, age, marital status, veteran's status, disability, national origin or any other protected classification in its educational, admissions, financial aid, employment, or other University programs or activities.

Position applied for \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip Code

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Area Code

### EDUCATIONAL HISTORY

Please summarize your educational history. (Only post-secondary histories are relevant.) Please have forwarded from the appropriate registrar's offices official transcripts of all graduate and undergraduate work.

Type of School Attended (college, graduate school)	Name and Address of School	Degree/Major Field of Concentration	Degrees or Hours Completed	Graduated (Yes/No)

Title of master's thesis \_\_\_\_\_

Title of doctoral dissertation (thesis) \_\_\_\_\_

Academic honors and awards \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please summarize special skills, publications, research or other experience which particularly qualify you for the position for which you are applying.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list the positions you have held beginning with your current position and continuing chronologically in reverse order.

Institution Name, Address, Phone Number and Supervisor	Date of Service		Type of Work and Position Held	Reason For Leaving
	From	To		
Name: Address:  Phone: Supervisor:				
Name: Address:  Phone: Supervisor:				
Name: Address:  Phone: Supervisor:				
Name: Address:  Phone: Supervisor:				
Name: Address:  Phone: Supervisor:				
Name: Address:  Phone: Supervisor:				
Name: Address:  Phone: Supervisor:				
Name: Address:  Phone: Supervisor:				



Have you ever been discharged from a job(s)?  Yes  No. If Yes, please provide details, including place(s) of employment, location (s), date(s), supervisor's name(s), and circumstances of the discharge.

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Add here and on attachment if necessary any other information you feel is not adequately covered previously in this application.

I hereby affirm that the information given by me on this application for employment is complete and accurate. I understand that any falsification or omission either on this application, or otherwise providing false information to Ohio Northern University will be immediate grounds for dismissal, no matter when the falsification or omission is discovered.

Date \_\_\_\_\_ Signature \_\_\_\_\_

It is the policy of Ohio Northern University to provide its employees a drug free workplace.