



# Ohio Northern University

## Support Staff Application for Employment

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, or national origin. Public Law 90-202 prohibits discrimination because of age. The Americans with Disabilities Act of 1990 prohibits discrimination in employment because of disabilities. State laws also prohibit the above mentioned types of discrimination.

Date of Application \_\_\_\_\_

(please print)

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
last first middle (optional)

Present Address \_\_\_\_\_ How Long? \_\_\_\_\_  
no. street city state zip

Home Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Job(s) applied for: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Do you want to work:  full-time or  part-time. Specify shift and days \_\_\_\_\_

Referral Source:  Advertisement (where) \_\_\_\_\_  Friend (who) \_\_\_\_\_

Relative  Walk-in  Employment Agency  ONU Website  Other \_\_\_\_\_

Have you ever applied for a position at ONU before?  yes  no If yes, when? \_\_\_\_\_

Have you worked for us before?  yes  no If yes, when/where? \_\_\_\_\_

List any relatives working for ONU and relationship \_\_\_\_\_

List any friends working for ONU \_\_\_\_\_

If hired, on what date will you be available to start work? \_\_\_\_\_

Are there any experiences, skills, qualifications or licenses which you feel would especially fit you for work with ONU? \_\_\_\_\_

Are you legally eligible for employment in the United States?  yes  no

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses?  yes  no

If yes, conviction date: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Describe: \_\_\_\_\_

Have you ever been the subject of disciplinary action by a prior employer?  yes  no If yes, describe nature of that action: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

Type of School	Name and Address	Years Completed	Graduated	Degree/ Certificate Earned	Course or Major
Grammar or Grade			<input type="checkbox"/> yes <input type="checkbox"/> no		
High School			<input type="checkbox"/> yes <input type="checkbox"/> no		
College			<input type="checkbox"/> yes <input type="checkbox"/> no		
Other			<input type="checkbox"/> yes <input type="checkbox"/> no		

Did you serve in the armed forces?  yes  no If yes, what branch? \_\_\_\_\_

Number of years of duty: \_\_\_\_\_years

Rank at discharge \_\_\_\_\_

What were your duties in the Service (include special training and duty station)? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**EXPERIENCE:** List your previous jobs in chronological order, starting with the most recent:

Name of Employer & Supervisor	Full Address Phone Number	Monthly Salary	Dates of Employment	Position	Reason for Leaving

We may contact employers listed above unless you indicate those you do not want us to contact. List those you do not want contacted and why: \_\_\_\_\_

**PERSONAL REFERENCES:** (Excluding relatives)

Name and Relationship	Full Address	Phone Number
1)		( )
2)		( )
3)		( )

AS AN APPLICANT FOR EMPLOYMENT WITH OHIO NORTHERN UNIVERSITY,  
I UNDERSTAND THE FOLLOWING:

- This application will remain on active file for six (6) months. If I am hired within this period, this form will be transferred to my individual personnel file.
- If I am not hired within six (6) months, this application is no longer active and I will need to reapply for employment if I wish to be considered for a job with ONU.
- Any misrepresentation or falsification of information or omission will be cause for rejection of any application or for immediate dismissal.
- All information (including information on any accompanying resume) is subject to verification.
- My employment may be contingent upon the results of a post-offer physical and drug screening analysis for substance abuse. The results of such analysis may be grounds for disqualifying me or terminating my employment.
- My employment is not guaranteed for any term, and my employment may be terminated by ONU or myself at any time and for any reason. No manager or other representative of ONU is authorized to make any oral or written assurance or promise of continued employment.
- My employment is conditioned upon the results of a reference check. I authorize you to contact former employers and references.

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

AUTHORIZATION FOR RELEASE OF PERSONAL DATA

I, the undersigned, hereby authorize and request any present or former employer, educational institution, law enforcement agency, department of motor vehicles, financial institution, or other persons having personal knowledge about me to furnish Ohio Northern University and/or its agents, with any and all information in their possession regarding me, in connection with an application for or retention of employment. Further, I hereby release from liability and hold harmless all persons and corporations supplying this information to Ohio Northern University and/or its agents. A photocopy of this authorization is as effective as the original.

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

*For Personnel Office Use Only*

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Skills test scores

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

Alphabetical Filing \_\_\_\_\_ %

Numerical Filing \_\_\_\_\_ %

Spelling \_\_\_\_\_ %

Date of Test \_\_\_\_\_

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Interviews

Date	Position	Result

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Physical/Drug Screen       pass       did not pass

Date \_\_\_\_\_

References

Personal       Employer      Results \_\_\_\_\_

Background Report       acceptable       not acceptable

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Offer       yes       no

Position \_\_\_\_\_  accepted       declined

Date \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Start date \_\_\_\_\_