

TUSKEGEE UNIVERSITY

FOUNDED BY BOOKER T. WASHINGTON

EMPLOYMENT APPLICATION

TUSKEGEE UNIVERSITY IS AN EQUAL OPPORTUNITY EMPLOYER. NO PERSON SHALL BE DENIED EMPLOYMENT ON THE BASIS OF ANY LEGALLY PROHIBITED DISCRIMINATION INCLUDING, BUT NOT LIMITED TO, SUCH FACTORS AS RACE, COLOR, CREED, RELIGION, NATIONAL OR ETHNIC ORIGIN, SEX, AGE, OR DISABILITY.

*** THIS APPLICATION DOES NOT GUARANTEE EMPLOYMENT. NO APPLICANT SHOULD BEGIN WORK WITHOUT A CONTRACT SIGNED BY ALL APPROPRIATE PERSONS, INCLUDING THE PRESIDENT AND THE EMPLOYEE.

*** APPLICATIONS WILL BE ACCEPTED FOR POSTED POSITIONS ONLY.

*** ONLY COMPLETE APPLICATIONS PACKETS ARE ACCEPTED. APPLICATION PACKETS ARE CONSIDERED COMPLETE UPON THE SUBMISSION OF ALL MATERIALS LISTED IN THE POSITION ANNOUNCEMENTS.

*** APPLICATIONS CAN BE MAILED TO: TUSKEGEE UNIVERSITY, OFFICE OF HUMAN RESOURCES MANAGEMENT, 1200 WEST MONTGOMERY ROAD, KRESGE CENTER SUITE 101, TUSKEGEE, ALABAMA 36088. (PHONE): 334-727-8510 (FAX): 334-724-4319 or emailed to: employment@tuskegee.edu

*** EMPLOYMENT AT TUSKEGEE UNIVERSITY IS ON AN AT WILL BASIS. THEREFORE, EITHER PARTY MAY TERMINATE EMPLOYMENT AT ANY TIME.

PERSONAL

DATE

LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY # XXX - XX -
STREET ADDRESS			HOME TELEPHONE ()
CITY, STATE, ZIP			BUSINESS TELEPHONE ()
POSITION DESIRED			SALARY EXPECTED
HAVE YOU EVER WORKED FOR THIS INSTITUTION? YES NO	IF YES, INDICATE: DATES OF EMPLOYMENT	DEPARTMENT	POSITION
DO YOU HAVE A FAMILY MEMBER WORKING FOR THE UNIVERSITY? YES NO	IF YES, STATE NAME, RELATIONSHIP AND DEPARTMENT WHERE EMPLOYED:		
HAVE YOU BEEN CONVICTED OF A FELONY or Misdemeanor? YES NO	IF YES, PLEASE EXPLAIN		
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? YES NO			

EDUCATION

SCHOOL	NAME	LOCATION	DATES ATTENDED	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE OR DIPLOMA
HIGH SCHOOL			XX/XX/XX		YES NO	
COLLEGE UNIVERSITY OR TECHNICAL					YES NO	
COLLEGE UNIVERSITY OR TECHNICAL					YES NO	
COLLEGE UNIVERSITY OR TECHNICAL					YES NO	

LIST HONORS, AWARDS, SKILLS, OR TRAINING THAT MIGHT BE RELEVANT TO EMPLOYMENT:

EMPLOYMENT

EMPLOYER	TELEPHONE	
ADDRESS	BEGINNING DATE:	ENDING DATE:
NAME OF SUPERVISOR	BEGINNING SALARY	ENDING SALARY
STATE JOB TITLE AND DESCRIBE WORK	REASON FOR LEAVING	
EMPLOYER	TELEPHONE	
ADDRESS	BEGINNING DATE:	ENDING DATE:
NAME OF SUPERVISOR	BEGINNING SALARY	ENDING SALARY
STATE JOB TITLE AND DESCRIBE WORK	REASON FOR LEAVING	
EMPLOYER	TELEPHONE	
ADDRESS	BEGINNING DATE:	ENDING DATE:
NAME OF SUPERVISOR	BEGINNING SALARY	ENDING SALARY
STATE JOB TITLE AND DESCRIBE WORK	REASON FOR LEAVING	
EMPLOYER	TELEPHONE	
ADDRESS	BEGINNING DATE:	ENDING DATE:
NAME OF SUPERVISOR	BEGINNING SALARY	ENDING SALARY
STATE JOB TITLE AND DESCRIBE WORK	REASON FOR LEAVING	

REFERENCES

{LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE OR EDUCATION}

NAME	ADDRESS	PHONE

RELEASE AUTHORIZING CHECK OF APPLICANT'S CREDENTIALS

I HEREBY AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I CERTIFY THAT ALL STATEMENTS SUBMITTED ARE TRUE, AND UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IN THIS FORM IS CAUSE FOR TERMINATION OF EMPLOYMENT WITHOUT NOTICE.

IN CONSIDERATION OF TUSKEGEE UNIVERSITY'S EVALUATION OF MY SUITABILITY FOR EMPLOYMENT, I HEREBY AUTHORIZE THE UNIVERSITY TO PERFORM ALL CHECKS OF MY CREDENTIALS AS ALLOWED BY LAW INCLUDING, BUT NOT LIMITED TO, DISCUSSIONS WITH SUPERVISORS, CO-WORKERS, FRIENDS, BUSINESS ASSOCIATES, OR OTHER INDIVIDUALS THAT THE UNIVERSITY, IN ITS SOLE DISCRETION, BELIEVES MAY HAVE RELEVANT INFORMATION REGARDING MY SUITABILITY FOR EMPLOYMENT.

I RELEASE AND FOREVER DISCHARGE THE UNIVERSITY, ITS AGENTS, ITS EMPLOYEES, AND THE INDIVIDUALS AND COMPANIES CONTACTED BY THE UNIVERSITY AS PART OF ITS INVESTIGATION, FROM ANY KIND OF ACTION WHATSOEVER ARISING FROM THE UNIVERSITY'S INVESTIGATION OF MY CREDENTIALS. I ACKNOWLEDGE THAT THE UNIVERSITY HAS MADE NO REPRESENTATIONS OF ANY KIND AS TO WHETHER EMPLOYMENT WILL BE OFFERED AT THE CONCLUSION OF ITS INVESTIGATION. I FURTHER ACKNOWLEDGE THAT IF EMPLOYED, I UNDERSTAND AND AGREE THAT SUCH EMPLOYMENT MAY BE TERMINATED AT ANY TIME BY THE UNIVERSITY OR MYSELF, WITHOUT ANY LIABILITY TO THE UNIVERSITY FOR ANY CONTINUATION OF SALARY, WAGES, OR EMPLOYMENT RELATED BENEFITS, OTHER THAN THOSE PRESCRIBED BY APPLICABLE LAWS.

Applicant Signature:

Date:



TUSKEGEE UNIVERSITY

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Tuskegee University may obtain information about you from a third party consumer reporting agency for employment purposes. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may contain information regarding your credit history, criminal history, social security verification, motor vehicle records (“driving records”), verification of your education or employment history, worker’s compensation records where permitted by law (post offer), or other background checks. Credit history will only be requested where such information is substantially related to the duties and responsibilities of the position for which you are applying.

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by First Choice Background Screening Compliance Department, 6365 Taft Street, Suite #2000, Hollywood, FL 33024, Toll-free number: 888-222-6988 x7808, Toll-free fax: 888-949-2010, www.firstchoicebackground.com. The scope of this notice and authorization is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

ACKNOWLEDGMENT AND AUTHORIZATION FOR BACKGROUND CHECK

I acknowledge receipt of the document DISCLOSURE REGARDING BACKGROUND INVESTIGATION (included above) and of the separate document entitled A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Employer at any time after receipt of this authorization and throughout my employment, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by First Choice Background Screening, 6365 Taft Street, Suite #2000, Hollywood, FL 33024, Toll-free number: 888-222-6988 x7808, Toll-free fax: 888-949-2010, www.firstchoicebackground.com and/or Employer itself, acting as my representative. I agree that a facsimile (“fax”), electronic or photographic copy of this Authorization shall be as valid as the original.

BACKGROUND INFORMATION

Last Name _____ Suffix: _____ First _____ Middle _____
Other Names/Alias _____ *SSN# _____
*Date of Birth _____ Driver’s License # _____ **State _____
Present Address _____ City/State/Zip _____
Phone Number _____ Email Address _____

****This information will be used for background screening purposes only and will not be used as hiring criteria.***

Signature _____

Date _____

*****SIGNATURES ARE REQUIRED ON BOTH FORMS*****

*****DIGITAL SIGNATURES ARE NOT PERMITTED*****

New York applicants only: Upon request, you will be informed whether or not a consumer report was requested by the Company, and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. You have the right to inspect and receive a copy of any investigative consumer report requested by the Company by contacting the consumer reporting agency identified above directly. By signing below, you acknowledge receipt of Article 23-A of the New York Correction Law

Washington State applicants only: You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

Minnesota and Oklahoma applicants only: Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

California applicants only: Under California Civil Code section 1786.22, you are entitled to find out what is in the CRA's file on you with proper identification, as follows:

- In person, by visual inspection of your file during normal business hours and on reasonable notice. You also may request a copy of the information in person. The CRA may not charge you more than the actual copying costs for providing you with a copy of your file.
- A summary of all information contained in the CRA file on you that is required to be provided by the California Civil Code will be provided to you via telephone, if you have made a written request, with proper identification, for telephone disclosure, and the toll charge, if any, for the telephone call is prepaid by or charged directly to you.
- By requesting a copy be sent to a specified addressee by certified mail. CRAs complying with requests for certified mailings shall not be liable for disclosures to third parties caused by mishandling of mail after such mailings leave the CRAs.

"Proper Identification" includes documents such as a valid driver's license, social security account number, military identification card, and credit cards. Only if you cannot identify yourself with such information may the CRA require additional information concerning your employment and personal or family history in order to verify your identity. The CRA will provide trained personnel to explain any information furnished to you and will provide a written explanation of any coded information contained in files maintained on you. This written explanation will be provided whenever a file is provided to you for visual inspection. You may be accompanied by one other person of your choosing, who must furnish reasonable identification. A CRA may require you to furnish a written statement granting permission to the CRA to discuss your file in such person's presence.

Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report at no charge if one is obtained by the Company whenever you have a right to receive such a copy under California law.

Signature _____

Date _____