



HUMAN RESOURCE USE ONLY

Date: \_\_\_\_\_
Reactivation Date: \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

As an equal opportunity employer, it is Bradley University policy that all persons shall have equal employment opportunity regardless of age, color, creed, disability, ethnicity, marital status, national origin, race, religion, sex, sexual orientation, gender identity and expression or veteran status or the presence of a non-job-related medical condition or disability.

Applications for regular positions are maintained in the active applicant pool for three months. During that time, applications in the active pool that meet the requirements for non-exempt position vacancies on campus will be considered.

Position (applying for): Administrative Support \_\_\_\_\_ Maintenance \_\_\_\_\_ Custodian \_\_\_\_\_ Grounds \_\_\_\_\_
Other (Specify) \_\_\_\_\_

Applying for: Full-Time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary \_\_\_\_\_ Specific shift \_\_\_\_\_

Social Security Number: PROVIDE ONLY THE LAST 4 DIGITS \_\_\_\_\_ Date Available: \_\_\_\_\_

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

ADDRESS: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

State any additional information relative to necessary name change, use of assumed name and/or nickname to enable an inquiry on your employment and educational record.

TELEPHONE: Home \_\_\_\_\_ When can we reach you at this number? \_\_\_ AM \_\_\_ PM
(Area Code) Number
Mobile \_\_\_\_\_ When can we reach you at this number? \_\_\_ AM \_\_\_ PM
(Area Code) Number
Alternate \_\_\_\_\_ When can we reach you at this number? \_\_\_ AM \_\_\_ PM
(Area Code) Number

Are you legally eligible to work in the United States? \_\_\_ Yes \_\_\_ No
Are you over 18 years of age? \_\_\_ Yes \_\_\_ No (Employment is subject to verification of minimum legal age.)

Complete only if driving is a job requirement:
Do you have a valid driver's license? \_\_\_ Yes \_\_\_ No License Number \_\_\_\_\_ State \_\_\_\_\_

Have you filed an application at Bradley University before? \_\_\_ Yes \_\_\_ No If yes, give date \_\_\_\_\_
Have you been employed at Bradley University before? \_\_\_ Yes \_\_\_ No If yes, give date \_\_\_\_\_
Name of any relative employed by Bradley University: \_\_\_\_\_

What prompted your application? Job Posting \_\_\_\_\_ Newspaper Ad \_\_\_\_\_ Walk In \_\_\_\_\_ Website \_\_\_\_\_
Bradley employee referral: \_\_\_\_\_ Other Referral: \_\_\_\_\_

## COMPLETE EDUCATIONAL RECORD

School	Name and Location (City/State) of School	Highest Grade Completed	Did You Graduate	Degree Received (AAS,BS,etc.)	Course of Study
A. High School					
B. College					
C. Business Or Trade School					
D. Other					

List relevant high school/college courses: \_\_\_\_\_

List other special academic or skill training, honors and awards received in A through D above: \_\_\_\_\_

List memberships in job-related organizations or associations: \_\_\_\_\_

**SKILLS DATA:** Check any of the following for which you have experience and/or training

\_\_\_ Keyboard \_\_\_\_\_ wpm

\_\_\_ Computer Software  
(word processing, spreadsheets, graphics,  
etc., be specific)

\_\_\_ Data Entry \_\_\_\_\_

Specify Equipment/Software

\_\_\_ Calculator  
\_\_\_ Other (Skills, Equipment, etc.)

Computer Programming Language(s) \_\_\_\_\_

**EMPLOYMENT HISTORY**

List present or most recent work history first. Account for all employment and periods of unemployment. Continue on reverse side if necessary. Attach resume, if available, after completing this section.

Company Name	From (mm/yy)	To (mm/yy)	Starting Salary	Ending Salary
Address	Last Position Held		Supervisor	
City, State, Zip	Describe Work and Responsibilities			
Phone Number				
Type of Business	Reason For Leaving		May We Contact? Yes      No	

Company Name	From (mm/yy)	To (mm/yy)	Starting Salary	Ending Salary
Address	Last Position Held		Supervisor	
City, State, Zip	Describe Work and Responsibilities			
Phone Number				
Type of Business	Reason For Leaving		May We Contact? Yes      No	

Company Name	From (mm/yy)	To (mm/yy)	Starting Salary	Ending Salary
Address	Last Position Held		Supervisor	
City, State, Zip	Describe Work and Responsibilities			
Phone Number				
Type of Business	Reason For Leaving			

**EMPLOYMENT HISTORY (continued)**

Company Name	From (mm/yy)	To (mm/yy)	Starting Salary	Ending Salary
Address	Last Position Held		Supervisor	
City, State, Zip	Describe Work and Responsibilities			
Phone Number				
Type of Business	Reason For Leaving			

Company Name	From (mm/yy)	To (mm/yy)	Starting Salary	Ending Salary
Address	Last Position Held		Supervisor	
City, State, Zip	Describe Work and Responsibilities			
Phone Number				
Type of Business	Reason For Leaving			

**ADDITIONAL WORK EXPERIENCE**

List any other work experience not contained in the above section

Company Name	Position	From (mm/yy)	To (mm/yy)
Address	Phone Number	Supervisor	
Describe Work and Responsibilities			

Company Name	Position	From (mm/yy)	To (mm/yy)
Address	Phone Number	Supervisor	
Describe Work and Responsibilities			

Please identify and explain any gaps in employment longer than three (3) months. \_\_\_\_\_

**PROFESSIONAL REFERENCES**

List three (3) professional/business references that we may contact. **Do not list personal references, family, friends or co-workers.**

Name	Company / Address	Professional Relationship	Years Known	Telephone Number

**PERSONAL DATA**

Number of days missed from work in past year or on last job? \_\_\_\_\_ Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MILITARY**

Have you ever served in the Armed Forces of the United States? \_\_\_\_ Yes \_\_\_\_ No

If yes, what Branch \_\_\_\_\_ Period of Service \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Date of Discharge \_\_\_\_\_

**READ CAREFULLY BEFORE SIGNING**

I certify that the information contained in this application is correct to the best of my knowledge, and I understand that falsification of this information is grounds for disqualification for or dismissal from employment. If I accept employment with Bradley University, I will not do so in reliance of any representations that are not made in writing. I hereby authorize Bradley University to investigate my past and present work, character, education, military and police records to ascertain any and all information that may be pertinent to my employment qualifications. The release in any manner of any and all information is authorized whether such information is of record or not. I do hereby release all persons, firms, agencies or companies from any and all damages resulting from furnishing such information. In consideration of my employment, I agree to conform to the rules, regulations, and policies which the University may periodically promulgate, withdraw or modify. I understand that work schedules and duties may be modified from time to time at the discretion of the University and that alternate position functions and/or positions may be assigned. I understand that I am required upon employment to serve a probationary period; and if my performance is deemed unsatisfactory, I may be terminated at any time. If hired, I will submit the documentation necessary to verify my eligibility for employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Date \_\_\_\_\_

### Applicant Tracking Record

Bradley University is committed to an effective equal employment opportunity program in its hiring of all employees. Safeguards have been instituted to ensure that this information will not be used as a basis of discrimination. Please print or write clearly, using a pen. Completion of this form is *voluntary*; failure to return it will *not* affect your application for employment. **NOTE:** This form will not be kept with your application nor considered in the employment decision.

**POSITION APPLIED FOR** \_\_\_\_\_

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

**Address** \_\_\_\_\_  
Street City State Zip

**A. What prompted you to apply to Bradley University?**

- Notice in Human Resource Department postings
- Bradley University Website
- Personal contact
- Newspaper advertisement (name of newspaper) \_\_\_\_\_
- Placement service (name of placement service) \_\_\_\_\_
- Other (please describe) \_\_\_\_\_

**B. Gender**  Male  Female

**C. Please check only one category which you identify as your primary ethnic or racial group**

- American Indian or Alaskan Native** – Origins in any of the original peoples of North and South America (including Central America), who maintain cultural identification through tribal affiliation or community recognition.
- Asian** – Origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Island, Thailand and Vietnam.
- Black or African American, not of Hispanic origin** – Origins in any Black racial group.
- White, not of Hispanic origin** – Origins in any of the original period in Europe, Middle East or North Africa.
- Hispanic or Latino** – Origins of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture, regardless of race.
- Native Hawaiian or Other Pacific Islander** – Origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- Multi-Racial** – If you are more than one race, please also check this box and indicate your preference for Affirmative Action purposes.

**D. Disability Status (check if applicable)**

**Yes** A person who: (a) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (b) has a record of such an impairment or (c) is regarded as having such an impairment. **(The completion of this part does not constitute notification for purposes of accommodation.)**

**E. Veteran Status (check one, if applicable)**

- Vietnam Era Veteran** - A person who: (a) served on active duty for a period of more than 160 days and was discharged or released therefrom with other than a dishonorable discharge if any part of such active duty occurred in the Republic of Vietnam between 2/28/61 and 5/7/75, in all cases; or between 8/5/64 and 5/7/75; or (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed in the Republic of Vietnam between 2/28/61 and 5/7/75; or between 8/5/64 and 5/7/75, in all cases.
- Other Eligible Veteran** – A veteran who served on active duty during a war or in a campaign or expedition in which a campaign badge has been authorized.

**HUMAN RESOURCE DEPARTMENT**

**1501 WEST BRADLEY AVENUE – PEORIA, IL 61625 – (309) 677-3223 – FAX (309) 677-3867**