

# Francis Marion University

## Employment Application

**Return to:**

Human Resources Office  
 PO Box 100547  
 Florence, SC 29502-0547

Telephone: 843-661-1140; FAX: 843-661-1202; Web Address: <http://www.fmarion.edu/about/positions>

### 1. APPLYING FOR:

Job Title \_\_\_\_\_

Position Number \_\_\_\_\_

### 2. HOW DO WE CONTACT YOU?

Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Your Name \_\_\_\_\_  
Last First Middle (Maiden)

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_ May we contact you at work?  Yes  No

Fax Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

### 3. TELL US ABOUT YOUR EDUCATION:

High School (Name) \_\_\_\_\_ (Location) \_\_\_\_\_

Diploma \_\_\_\_\_ Date of H.S. Graduation \_\_\_\_\_ Other (specify) \_\_\_\_\_ Highest Grade Completed \_\_\_\_\_

College Graduate? Yes  No  If no, give total credit received \_\_\_\_\_ Your Name if Different While Attending School \_\_\_\_\_

#### Give name & address of school, major course of study, and degree received.

Undergraduate College/University:		Graduate School:	
Degree:	Year Degree Obtained:	Degree:	Year Degree Obtained:
Pertinent Undergraduate Courses:	Credits:	Pertinent Graduate Courses:	Credits:

### Job Related Training and Course Work

List any skills, licenses, and certificates, which are related to the job you seek (including words per minute typing speed and computer software proficiency).

#### 4. TELL US ABOUT YOUR WORK EXPERIENCE:

Describe your work experience in detail, beginning with your most recent job. Include military service (indicate rank) and job related volunteer work, if applicable. Provide an explanation for any gaps in employment. **All information in this section must be complete. A resume may be attached, but not substituted for completing this section.**

1. Name of Your Most Recent Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Job Title \_\_\_\_\_

Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_

May we contact this employer?  Yes  No (This applies only if this is your current employer.)

Job Duties (give details)

Reason for Leaving

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2. Your Next Most Recent Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Job Title \_\_\_\_\_

Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_

Job Duties (give details)

Reason for Leaving

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3. Your Next Most Recent Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Job Title \_\_\_\_\_

Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_

Job Duties (give details)

Reason for Leaving

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4. Your Next Most Recent Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Job Title \_\_\_\_\_

Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_

Job Duties (give details)

Reason for Leaving

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5. Your Next Most Recent Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Job Title \_\_\_\_\_

Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_

Job Duties (give details)

Reason for Leaving

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6. Your Next Most Recent Employer \_\_\_\_\_

Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Job Title \_\_\_\_\_

Number Supervised \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Hours Per Week \_\_\_\_\_ Salary \_\_\_\_\_

Job Duties (give details)

Reason for Leaving

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## Unemployment Information

Please indicate, in the space below, any periods of unemployment which appear in your employment record after the completion of school to the present. In addition, please provide a brief description as to the nature of the unemployment.

Dates of Unemployment	Brief Description of Nature of Unemployment

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**DRIVER'S LICENSE**

Do you possess a valid driver's license?  Yes  No \_\_\_\_\_ If yes, provide \_\_\_\_\_

(State) \_\_\_\_\_  
Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Class (check one)  A  B  C  D  E  F  M  G

**RELATIVES AT FRANCIS MARION UNIVERSITY**

Do you have any relatives employed at Francis Marion University?  Yes;  No. If yes, please provide names below:

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_  
Name \_\_\_\_\_ Relation \_\_\_\_\_

**CRIMINAL OFFENSE**

Have you ever been convicted of a criminal offense?  Yes  No

**Note:** Omit minor vehicle violations and any offense committed before your 17<sup>th</sup> birthday, which was finally adjudicated in juvenile court or under a youthful offender law. Conviction of a criminal offense is not a bar to employment in all cases. Each conviction is evaluated individually.

If yes, please list charge(s) \_\_\_\_\_

Where Convicted \_\_\_\_\_ Date \_\_\_\_\_ Disposition/Status \_\_\_\_\_

Have you ever been terminated or forced to resign from any job?  Yes  No If yes, explain \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No

Give the names of two people, not relatives, who are familiar with your work.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**PLEASE CAREFULLY READ THE FOLLOWING STATEMENTS**

**Student Loan:** State law (59-111-50) prohibits employment with the State to people who have defaulted on certain student loans, unless they can prove that satisfactory arrangements have been made for repayment. By my signature, I certify that I am not currently in default on a student loan.

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

**Authority to Release Information:** By my signature, I consent to the release of information to authorized officers, agents, and/or employees of the State of South Carolina which may include but not be limited to information concerning my past and present work; including my official personnel files; attendance records; evaluations; educational records including transcripts; military service; law enforcement records; and/or any personal record deemed necessary. In addition, I consent to authorize appropriate officers, agents, and/or employees of the State of South Carolina to make inquiries of third parties such as credit bureaus. I further release the organization, educational entity, present and former employers, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of any inquiry or response given to such inquiries made in connection with my application for employment.

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

**Certification of Applicant:** By my signature, I affirm, agree, and understand that all statements on this form are true and accurate. Any misrepresentation, falsification, or material omission of information or data on this application may result in exclusion from further consideration, or, if hired, termination of employment. If I have requested herein that my present employer not be contacted, an offer of employment may be conditioned upon acceptable information and verification from such employer prior to beginning work.

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

## 5. FRANCIS MARION UNIVERSITY EEO DATA REPORTING FORM

The Federal Government requires the following information to be collected for statistical reporting as part of the Affirmative Action Program. Refusal to answer will not result in adverse treatment of any applicant. This information is not used in the employment process nor released in a manner which identifies the individual. This form will be removed prior to being forwarded to the hiring authority.

**Return to:**

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Francis Marion University  
PO Box 100547  
Florence, SC 29502-0547

- A. Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- B. Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_
- C. Position for which you are applying: \_\_\_\_\_ Position No. \_\_\_\_\_
- D. Gender: Male  Female
- E. Are you Hispanic/Latino(a)? Yes, Hispanic or Latino(a)  No

Regardless of your answer to the prior question, please select one or more of the following ethnicities which best describes you.

1.  American Indian/Alaskan Native
  2.  Asian
  3.  Black or African American
  4.  Native Hawaiian or other Pacific Islander
  5.  White
- F. Through the Family Independence Act of 1995, state agencies are actively recruiting welfare and food stamp recipients. Are you currently receiving AFDC benefits or food stamps?  
Yes  No
- G. Do you have any disabling condition(s) for which you desire reasonable accommodations?  
Yes  No
- H. VETERAN STATUS (check appropriate box)
1.  Vietnam Era Veteran
  2.  Other Era
  3.  Active Reserves
  4.  Inactive Reserves
  5.  Retired
- Service Dates: From \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ To \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- I. Disabled Veteran: Yes  No   
(Disability of 30 percent or more administered by the VA; or discharged or released for disability.)
- J. How did you become aware of this position?

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

## REFERENCE REQUEST AUTHORIZATION

### FRANCIS MARION UNIVERSITY

Human Resources Office  
P.O. Box 100547  
Florence, SC 29502-0547

TEL: 843-661-1140; FAX: 843-661-1202; WEB ADDRESS: <http://www.fmarion.edu/about/HR>

(Note: It is only necessary to sign and date this form as indicated which will give FMU permission to obtain this information. The form will then be forwarded to former employers by FMU.)

I have applied for employment with Francis Marion University. Authorization is hereby given to Francis Marion University to contact and obtain employment records from previous employers and schools attended; to investigate and obtain information from the South Carolina Law Enforcement Division (SLED), FBI and to initiate any further inquiries, if required. I waive the right to review the information furnished to Francis Marion University.

**Signature:**

**Date:**

### EMPLOYER REFERENCE COMMENTS (To be completed by former employer)

Applicant's Name:

Social Security Number:

Position Held:

Salary:

Previous Positions Held:

Employment Date From:

Employment Date To:

Eligible for rehire:

Yes  No

Did he/she give proper notice?

Yes  No

Would you rehire applicant in the same position?

Yes  No

If no, why would you not rehire him/her?

Reason for departure:

#### PLEASE RATE APPLICANT ON THE FOLLOWING: (check one)

	Excellent	Good	Fair	Poor
To what degree was this employee dependable and trustworthy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To what degree was this employee's work attendance satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To what degree did this employee show a cooperative attitude?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To what degree did this employee work well under pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
To what degree did this employee possess initiative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Identify any strengths/weaknesses you saw in the employee:

#### ADDITIONAL COMMENTS, IF ANY:

Signature

Title

Company

Date

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