

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

<https://www.fmarion.edu/about/positions/>

1. APPLYING FOR:

Job Title _____
Position Number _____

2. HOW DO WE CONTACT YOU?

Your Name _____ Social Security Number _____ - _____ - _____
Last First Middle (Maiden)
Mailing Address _____
City _____ County _____ State _____ Zip Code _____
Home Phone () _____ Business Phone () _____ May we contact you at work? Yes No
Cell Phone () _____
Fax Number () _____ Email 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 and 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 Undergraduate Courses:	Credits:

Job Related Training and Course Work

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

4. MILITARY STATUS

Applicants seeking veterans preference must submit **DD-214**.

Have you served in the military? Yes No Dates _____
Start Date End Date Highest Rank
Type of Discharge or Reserve Status _____

FRANCIS MARION UNIVERSITY IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

(Revised 01/2022)

5. 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

2. Name of Your 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

3. Name of Your 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

4. Name of Your 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

5. Name of Your 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

6. Name of Your 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

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

DRIVER'S LICENSE

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

Number _____ State _____ Expiration Date _____ Class 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 17th 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, please explain _____

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

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

Name _____ Address _____ Phone _____
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 records 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 employees, law enforcement organization, and all third parties from any and all claims of whatever nature that I may have as a result of any injury 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 _____

6. 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:

Human Resources Office
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 Veteran
 3. Active Reserves
 4. Inactive Reserves
 5. Retired
- Service Dates: From _____ - _____ - _____ To _____ - _____ - _____
- I. Disabled Veteran: Yes No
(Disability of 30% 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: <https://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:	
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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 <input type="checkbox"/> No <input type="checkbox"/>	Did he/she give proper notice?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you rehire applicant in the same position?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, why would you not rehire him/her?	
Reason for departure:			

PLEASE RATE APPLICANT ON THE FOLLOWING:

	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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Mail to:

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