



## EMPLOYMENT APPLICATION

**EQUAL EMPLOYMENT OPPORTUNITY:** Hollins University is committed to a policy of providing equal employment opportunity without discrimination because of race, color, religion, sex, age, disability, genetic information, national or ethnic origin, veteran status, or sexual orientation. This policy applies to all terms and conditions of employment, including, but not limited to hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.

Current Date: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

### PERSONAL DATA

Name: (Last) _____ (First) _____ (Middle) _____			Telephone: _____		
Present Address: (No.) _____ (Street) _____ (City) _____ (State) _____ (Zip) _____			E-mail Address: _____		
Position Applying For: _____			Salary Requirement: \$ _____		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary	I understand that an offer of employment is contingent upon satisfactory proof of my eligibility and authorization to work in the U.S. according to DHS regulations. _____ (Initial)	Are you a previous applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a previous employee? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have reliable transportation to work? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please check to indicate source of referral: <input type="checkbox"/> Advertisement - Name of Publication and/or Web Site: _____ <input type="checkbox"/> Personal - Name of Employee or Other Person: _____			Other than traffic violations, have you ever been convicted of a crime? * Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please describe: _____ _____ _____		

### EDUCATION AND TRAINING

School	Name and Address of School	Course of Study	Circle Last Year Completed				Did You Graduate?	Diploma or Degree Level
			1	2	3	4		
High	_____	_____					Yes <input type="checkbox"/>	
	_____	_____	1	2	3	4	No <input type="checkbox"/>	
	_____	_____						
College	_____	_____					Yes <input type="checkbox"/>	
	_____	_____	1	2	3	4	No <input type="checkbox"/>	
	_____	_____						
Other (Specify)	_____	_____					Yes <input type="checkbox"/>	
	_____	_____	1	2	3	4	No <input type="checkbox"/>	
	_____	_____						

### KNOWLEDGE, SKILLS, AND ABILITIES

What knowledge, special, technical, and/or individual abilities do you have which prepare you for the position you have applied for (list administrative/managerial/mechanical/technical skills and/or certifications)? _____ _____ _____	Computer Skills: _____ _____ Other Skills: _____ _____
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\* Conviction of a crime will not automatically disqualify you for employment. Hollins University will consider the nature and recency of the conviction and the nature of the position applied for, among other factors.

**EMPLOYMENT HISTORY**

Start with most recent position, and provide 7 years of employment history. Furnish dates and reasons for each period of unemployment of one month or more. A resume providing this information may be attached as a supplement, but employment application must still be completed in full.

Name and Address of Company	Dates (month/year)		Position Title and Duties Performed (please include both)	Salary (annual or hourly)		Reason for Leaving
	From	To		Starting	Ending	
Supervisor:						
Telephone:						

Name and Address of Company	Dates (month/year)		Position Title and Duties Performed (please include both)	Salary (annual or hourly)		Reason for Leaving
	From	To		Starting	Ending	
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	From	To		Starting	Ending	
Supervisor:						
Telephone:						

**MILITARY SERVICE RECORD**

Date of Service:	Branch of Service:	Rank at Discharge:
List Duties (include schools and training): _____		
_____		

**REFERENCES**

(Professional and personal – not above supervisors or relatives)

Name	Relationship to Reference	Phone Number	E-mail Address

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete, and I authorize Hollins University to verify their accuracy and to obtain reference information on my work performance and attendance. I hereby release Hollins University from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that falsified statements of any kind, or omission of facts called for on this application, shall result in rejection of my application for employment and/or termination of my employment. I further understand that the policies, rules, and regulations of employment, or anything said during the interview process or after, do not constitute a contract of employment for a specific period of time. I understand that any employment is for an indefinite duration, and is at will. I further understand that either I or the employer may terminate my employment for any reason, at any time, with or without notice, and/or with or without cause.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## EMPLOYMENT APPLICATION Security Officer Addendum Application

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

### PERSONAL DATA

Name: (Last) _____ (First) _____ (Middle) _____	Telephone: _____
Present Address: _____	E-mail Address: _____

### MINIMUM CERTIFICATION REQUIREMENTS

The questions below are necessary to determine if an applicant for a Hollins University Security Officer position meets the minimum certification requirements of the Commonwealth of Virginia in regard to the hiring of "Campus Security Officers." **This information will be used only to determine if an applicant meets the minimum requirements to be certified as a "Campus Security Officer" through the Virginia Department of Criminal Justice Services.**

<b>Are you a United States citizen or legal United States resident eligible for employment in the United States?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Explain if NO: _____		
<b>Do you possess a high school diploma, general education diploma, or other secondary school credential?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Explain if NO: _____		
<b>Are you at least 21 years of age?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Explain if NO: _____		
<b>Do you possess a valid driver's license from your state of residence?</b>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Explain if NO: _____		

### APPLICANT'S CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete, and I authorize Hollins University to verify their accuracy and to obtain reference information on my work performance and attendance. I hereby release Hollins University from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that falsified statements of any kind, or omission of facts called for on this application, shall result in rejection of my application for employment and/or termination of my employment. I further understand that the policies, rules, and regulations of employment, or anything said during the interview process or after, do not constitute a contract of employment for a specific period of time. I understand that any employment is for an indefinite duration, and is at will. I further understand that either I or the employer may terminate my employment for any reason, at any time, with or without notice, and/or with or without cause.

Applicant's Signature: \_\_\_\_\_

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