



Philander Smith University
Human Resources
900 W. Daisy Bates Drive Little Rock,
Arkansas 72202
501-370-5204
HumanResources@philander.edu

EMPLOYMENT APPLICATION

Applicant Information											
Full Name:							Date:				
<i>Last</i>				<i>First</i>			<i>M.I.</i>				
Address:											
<i>Street Address</i>							<i>Apartment/Unit #</i>				
<i>City</i>							<i>State</i>		<i>ZIP Code</i>		
Phone:		()			E-mail Address:						
Date Available:				Social Security No.:				Desired Salary:		\$	
Position Applied for:											
Are you a citizen of the United States?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If not, are you authorized to work in the U.S.?			
				<input type="checkbox"/>		<input type="checkbox"/>		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Have you ever worked for this company?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, when?			
				<input type="checkbox"/>		<input type="checkbox"/>					
Have you ever been convicted of a felony?				YES <input type="checkbox"/>		NO <input type="checkbox"/>					
				<input type="checkbox"/>		<input type="checkbox"/>					
If yes, explain:											
Education											
High School:					Address:						
From:				To:				Did you graduate?		YES <input type="checkbox"/>	
										NO <input type="checkbox"/>	
Degree:											
College:					Address:						
From:				To:				Did you graduate?		YES <input type="checkbox"/>	
										NO <input type="checkbox"/>	
Degree:											
Other:					Address:						
From:				To:				Did you graduate?		YES <input type="checkbox"/>	
										NO <input type="checkbox"/>	
Degree:											
References											
Please list three professional references.											
Full Name:					Relationship:						
Company:							Phone:		()		
Address:											
Full Name:					Relationship:						
Company:							Phone:		()		
Address:											
Full Name:					Relationship:						



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Company:					Phone:	()			
Address:									
Previous Employment									
Company:					Phone:	()			
Address:					Supervisor:				
Job Title:				Starting Salary:	\$			Ending Salary:	\$
Responsibilities:									
From:		To:		Reason for Leaving:					
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Company:					Phone:	()			
Address:					Supervisor:				
Job Title:				Starting Salary:	\$			Ending Salary:	\$
Responsibilities:									
From:		To:		Reason for Leaving:					
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Company:					Phone:	()			
Address:					Supervisor:				
Job Title:				Starting Salary:	\$			Ending Salary:	\$
Responsibilities:									
From:		To:		Reason for Leaving:					
May we contact your previous supervisor for a reference?					YES <input type="checkbox"/>	NO <input type="checkbox"/>			
Military Service									
Branch:					From:		To:		
Rank at Discharge:				Type of Discharge:					
If other than honorable, explain:									
Disclaimer and Signature									
<i>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</i>									
Applicant Signature					Date				



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Disclosure and Authority to Release Information

I understand that in processing my application with Philander Smith University, an investigative consumer report may be conducted. FCRA § 606.(a)(1) disclosure requirements; Any such background check report may contain information bearing on my character, general reputation, personal characteristics, mode of living, and credit standing. Information may include, but is not limited to, employment history, education, criminal records, credit history, motor vehicle records, personal references, and any data provided on this application, or during the interview process.

If currently employed: My current employer may be contacted: ☐ YES ☐ NO

I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures.

I further understand and waive my right of privacy in this investigation and release and hold harmless Philander Smith University and its agent from any liability.

An investigative consumer report may be generated summarizing this information. I have a right under the Fair Credit Reporting Act and state law to obtain a copy of this report by providing proper identification and directing a written request to the Arkansas State Police Identification Bureau by mail at 1 State Police Drive, Little Rock, AR 72209, phone 501-618-8500.

I hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection or termination of my employment or application.

Legal Last Name:	Legal First Name:	Legal Middle Name:
Street Address:		
City:	State:	Zip Code:

Please list any other name under which you have been employed and the date changed:

Name:	Date Changed:
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Driver's License Number:	State Issued:	Expiration Date:	Date of Birth:
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I authorize a photocopy of this release to be accepted with the same authority as the original and if employed by Philander Smith University, this release will remain in effect throughout such employment. (To be used for background information ID only)

Print Name:	Date:
Signature:	Social Security Number:



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Voluntary Self-Identification Information

As a Federal Contractor, Philander Smith University is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, voluntary self-reporting or self-identification is the preferred method for collecting data on race, ethnicity, and gender.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

By completing this form, you are verifying that the information you are providing is accurate and that you understand that this information will be kept confidential; that disclosure of this information does not in any way effect whether or not your application receives consideration; and that the sole use of this information is for inclusion in statistical reports required by various governmental regulations and agencies.

Gender

☐ Male ☐ Female

Race / Ethnicity (select **one** of the following)

Hispanic or Latino	White (not Hispanic or Latino)	Black or African American (not Hispanic or Latino)	Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)	Asian (not Hispanic or Latino)	American Indian or Alaska Native (not Hispanic or Latino)	Two or More Races (not Hispanic or Latino)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Veteran Status (check **all** that are applicable)

- ☐ Disabled Veteran
☐ Armed Forces Service Medal Veteran
☐ Recently Separated Veteran
☐ Other Protected Veteran

Print Name:	Date:
Signature:	Social Security Number: