

CAMERON UNIVERSITY APPLICATION FOR EMPLOYMENT

Human Resources Department 2800 W. Gore Blvd. Lawton, OK 73505 (580)581-2245

Instructions: Print application and complete all requested information thoroughly. Return completed application to hiring department. A resume may be attached but will not be accepted in place of completing CU's Application.

POSITION INFORMATION											
Today's Da	y's Date Position applying for										
Date Availa	Date Available to Start Work Specify Days and Hours Available to Work										
PERSONAL INFORMATION											
Last Name First Name Middle Social Security Number											
Street Address				City, State			Zip code	Country			
Previous A	Address (If current in I		Applicant E-mail Address								
Home Phone			Cell Phone				Best time to Contact				
Emergency	y Contact Name, Rela	Address					Phone				
Are you Ov minimum l	ver 18 years of age? If legal age. O Yes	to verificati	on that you	at you are of List any relatives current University			rking for Cameron				
	h,,, i €3	s 🔿 No									
	r				NFORMATIO Did you						
	School / Institution	n City	State	Dates Attended	Graduate / Complete	Туре с	of Certificate, Diploma,	Degree, GED	Courses or Major		
High School / GED											
Vocational School											
College or University											
College or University											
Other											
Other											
List Scholastic Achievements											
MILITARY INFORMATION											
Have you served the U.S. Armed Forces? Branch Served											
	O Yes	🔿 No		ł							
Are you a member of the :											
О котс С					VES		D NATIONAL GUARE	נ			
List Service Schools or Special Experience											

EMPLOYMENT HISTORY										
*** List most recent employer first and work your way backwards										
Employe	er Name an	d Addres	SS		Employer Phone					
Date of Employment		nt	Starting Title	Ending Title		Starting Salary	Ending Salary			
	Month	Year	Duties	1		<u>I</u>	1			
From										
To Supervis	or's Name	/ Title			Phone					
		-			May we contact this Employer?					
Reason	for Leaving									
Fmploye	er Name an	nd ∆ddre			Employer Phone					
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Date of	Employme	nt	Starting Title	Ending Title		Starting Salary	Ending Salary			
	Month	Year	Duties							
From To			4							
	or's Name	/ Title				Phone				
Reason	for Leaving	{			May we contact this Employer?					
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Employe	er Name an	d Addres	SS		Employer Phone					
Date of	Employme	nt	Starting Title	Ending Title		Starting Salary	Ending Salary			
	Month	Year	Duties							
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					Employer Phone					
Date of	Employme	nt	Starting Title	Ending Title		Starting Salary	Ending Salary			
	Month	Year	Duties			·				
From To			-							
	or's Name	/ Title				Phone				
Reason	for Leaving				May we contact this Employer?					
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PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE										
This application will be given every consideration, but its receipt does not imply that the candidate will be employed. All information provided in support of my application for employment is true and current and no attempt has been made to conceal or withhold pertinent information. I agree that any omission, falsification, or misrepresentation is cause for my immediate termination at any time during my employment or removal from the application process. I also fully understand the job duties required in this position and feel that I can perform all of these duties without a reasonable accommodation.										
In connection with this request, I authorize enforcement agencies and former employees to release information they may have about me, and release them from liability and responsibility from so doing. This authorization, in original, electronic reproduction (fax, e-mail) and copy form, shall be valid for this and any future reports may be requested.										
I hereby authorize Cameron University to conduct an investigation of all statement at this time with no liability arising there from.										
APPLICA	NT SIGNAT			STUDENT ID	#	DATE				