

EAST CENTRAL UNIVERSITY

EMPLOYMENT SERVICES OFFICE

ROOM 160 ADMINISTRATION

1100 E. 14th Street
Ada, OK 74820

(580)559-5260
Fax: (580)559-5484

APPLICATION FOR EMPLOYMENT

ECU is an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants are considered for hire without regard to race, color, religion, creed, sex, national origin, marital status, age, veteran status, disability, genetic information, or any other legally protected status.

APPLICANT INFORMATION		DRIVER'S LICENSE #: _____	
Last Name:	First:	M.I.:	Date:
Other last names used:			
Street Address:		Apartment/Unit #:	
City:	State:	ZIP:	
Phone:		Cell Phone:	
Date Available:		Desired Salary (Optional):	
Position Applied for:			
How did you learn about us? <input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Web site <input type="checkbox"/> Other			
Have you ever worked for ECU? YES <input type="checkbox"/> NO <input type="checkbox"/>		Name used during employment if different from name on application:	
If yes, when?			
Are you lawfully eligible to work in this country? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>Proof of citizenship or immigration status will be required upon employment.</i>			
Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever been convicted of a felony within the last 7 years? (<i>Conviction will not necessarily disqualify an applicant from employment</i>) YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain:			
Are you available to work:		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary	
Can you travel if a job requires it?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
May we contact your present employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
EDUCATION			
High School:		Address:	
Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/> Degree:	
College:		Address:	
Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/> Degree:	
Other:		Address:	
Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/> Degree:	

REFERENCES*Please list three professional references. (Not related to you)*

Full Name:	Relationship:
Company:	Phone ()
Address:	
Full Name:	Relationship:
Company:	Phone ()
Address:	
Full Name:	Relationship:
Company:	Phone ()
Address:	

PREVIOUS EMPLOYMENT

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Company:	Phone ()	
Address:	Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving:
Company:	Phone ()	
Address:	Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving:
Company:	Phone ()	
Address:	Supervisor:	
Job Title:	Starting Salary: \$	Ending Salary: \$
Responsibilities:		
From:	To:	Reason for Leaving:

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC MEMBERSHIPS AND ACTIVITIES RELATIVE TO THE JOB FOR WHICH YOU ARE APPLYING:

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or disability or other protected status:

MILITARY SERVICE

Branch:	From:	To:
Rank at Discharge:	Job related training received:	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that, if employed, falsified statements of any kind, omissions of facts called for on this application or misleading information given in my application or interview(s) shall be considered sufficient basis for dismissal.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment offered is for an indefinite duration and is of an "at will" nature. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of East Central University. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract.

In connection with my application for employment, I authorize East Central University (ECU) and Screening ONE, Inc. to perform a pre-employment background screening check (including future screenings for retention, reassignment or promotion, if applicable, and unless revoked by applicant writing). I understand and agree to the following:

1. All pre-employment inquiries are limited to information that affects job performance and the workplace. It is conducted in accordance with applicable federal and state laws, including the Fair Credit Reporting Act (FCRA).
2. I have a right to request disclosures of the nature and scope of the investigation and statement of my rights. To receive this information or to inspect any files concerning such a report or to determine if a report on me has been requested, I may contact ECU or Screening One, Inc. at (888) 327-6511, or at 2233 W. 190th Street, Torrance, CA 90504.
3. In using a report for employment purposes, before taking any adverse action based in whole or in part on the report, the person intending to take such adverse action shall provide to the consumer to whom the report relates a copy of the report and a description in writing of the rights of the consumer under the title, as prescribed by the Federal Trade Commission section 609 (c)(3).

I expressly release any such persons, organizations, or entities from any and all legal liability, without reservation, for making disclosure of any information about me, which is permitted, by law, to release.

I agree that a copy or fax of this document shall be as valid as the original.

Signature:	Date:
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This application will remain on file for 1 year.

EQUAL OPPORTUNITY STATEMENT

East Central University, in compliance with Title VI of the Civil Rights Act of 1964, Executive Order 11246 as amended, Title IX of The Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, The Americans with Disabilities Act of 1990, The Family and Medical Leave Act of 1993, The Civil Rights Act of 1991, and other Federal Laws and Regulations, and to the extent required by law does not discriminate on the basis of race, color, national origin, sex, age, religion, disability, or admissions, employment, financial aid, and educational services.

East Central University
Affirmative Action Office
Ada, OK 74820
Applicant Data Form

NOTE: Submission of this information is VOLUNTARY AND WILL NOT BE USED IN THE CONSIDERATION OF YOUR APPLICATION. The information is processed by the Affirmative Action Office and is used exclusively as provided by law for compliance purposes. The individuals participating in the selection process have no access to the information provided on this form.

Please provide the following information:

Last Name:	First Name:	Middle Initial:
Position applied for:		
Where did you hear about the advertised position?		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Ethnicity/Race: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black/African-American (not of Hispanic origin) <input type="checkbox"/> Hispanic (persons of Spanish culture or origin, regardless of race) <input type="checkbox"/> White (not of Hispanic origin)		
Citizenship: <input type="checkbox"/> R Resident Foreign National. An alien who has been admitted for permanent residence (must have Alien Registration Card, Form I-151) <input type="checkbox"/> N Non-Resident Foreign National. An alien admitted temporarily for specific purposes and periods of time, Indicate visa type: <input type="checkbox"/> C U. S. Citizen		
*For Veterans Only: Do you qualify as a Vietnam Era Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No (Any veteran of the armed services who served on active duty for at least 181 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged honorably or released sooner because of a service-related disability.) Are you considered a disabled veteran by the U. S. Veterans Administration? <input type="checkbox"/> Yes <input type="checkbox"/> No (Any person entitled to compensation by the Veterans Administration for a disability rated at 30 percent or more, or who was discharged or released from active duty by reason of service-connected disability.) Do you wish to declare yourself as qualifying for reasonable accommodations as provided for by the Americans with Disabilities Act? <input type="checkbox"/> Yes <input type="checkbox"/> No		

An Equal Opportunity/Affirmative Action Employer

EAST CENTRAL UNIVERSITY, ADA, OK
Disclosure to Employment Applicant

I hereby authorize East Central University (ECU) to contact any and all corporations, former employers, educational institutions, law enforcement agencies and military services to release information about my background including, but not limited to, information about my employment, education, driving record, criminal record and general public records history to East Central University. I make this authorization in return for ECU's consideration for me for employment.

I release from liability all persons, companies and schools supplying such information. I indemnify East Central University against any liability, which may result from making such requests. If I am employed, this release shall remain in effect for the length of my employment. A copy of this form will serve as authorization to release information requested.

I believe, to the best of my knowledge, that all information I have provided is accurate, true and correct, and that I fully understand the terms of this release.

I agree that a copy or fax of this document shall be as valid as the original.

Name (please print): _____

Other names used (please print): _____

Address: _____

City/State/Zip: _____

*Signature of Applicant: _____ Date: _____

**This form is incomplete if it is not signed. Any and all incomplete application materials can cause a delay in the application process. Return this form and all required application materials to the Employment Services Office, via e-mail (i.e., a scanned copy) to www.es@ecok.edu, via fax (580)559-5484 (Attn: Ty Anderson, Director), or via ECU's mailing address at 1100 E. 14th St., Ada, OK, 74820.*