



**EDUCATION**

• *High School*

Name of Institution \_\_\_\_\_

City/State \_\_\_\_\_ Years Attended \_\_\_\_\_ Graduation Date \_\_\_\_\_

• *College or University*

Name of Institution \_\_\_\_\_

City/State \_\_\_\_\_ Years Attended \_\_\_\_\_

Graduation Date and Degree \_\_\_\_\_

Name of Institution \_\_\_\_\_

City/State \_\_\_\_\_ Years Attended \_\_\_\_\_

Graduation Date and Degree \_\_\_\_\_

Name of Institution \_\_\_\_\_

City/State \_\_\_\_\_ Years Attended \_\_\_\_\_

Graduation Date and Degree \_\_\_\_\_

• *Vocational or Trade School*

Name of Institution \_\_\_\_\_

City/State \_\_\_\_\_ Years Attended \_\_\_\_\_

Graduation Date and Degree \_\_\_\_\_

Please list office equipment and computers (hardware and software programs) with which you have experience or any special skills, training, etc. which may be applicable

\_\_\_\_\_  
\_\_\_\_\_

Please list the type, number, and expiration date of any professional or occupational license(s) you hold

\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY**

Please list all employment for the past ten years, beginning with present or most recent employment.  
Request additional sheet(s) if necessary.

Company Name \_\_\_\_\_ City/State \_\_\_\_\_

From \_\_\_\_\_ Starting Salary \_\_\_\_\_ Position \_\_\_\_\_

To \_\_\_\_\_ Final Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

Brief description of your duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ City/State \_\_\_\_\_

From \_\_\_\_\_ Starting Salary \_\_\_\_\_ Position \_\_\_\_\_

To \_\_\_\_\_ Final Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

Brief description of your duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ City/State \_\_\_\_\_

From \_\_\_\_\_ Starting Salary \_\_\_\_\_ Position \_\_\_\_\_

To \_\_\_\_\_ Final Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

Brief description of your duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

**PROFESSIONAL REFERENCES**

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

**STATEMENT OF POLICY**

Armstrong Atlantic State University is an Affirmative Action/Equal Opportunity employer. No person shall, on the grounds of race, color, sex, religion, national origin, age, or handicap, be excluded from employment or participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program of employment conducted by the university. Armstrong Atlantic State University complies with the Americans with Disabilities Act and will make reasonable accommodations for employees/applicants with disabilities.

**CERTIFICATION**

I certify that my answers to all questions on this application are true and accurate to the best of my knowledge. Permission is hereby given for investigation of all statements on this application. I understand that any false information, omissions or misrepresentation of facts called for in this application or any supplement thereto is cause for rejection of my application or discharge at any time during my employment. I understand that past employment, references, and other facts stated by me are subject to inquiry. I understand that as a condition of certain types of employment, I may be required to pass a physical examination. It is understood that the use of this form does not indicate that there are any available positions and does not obligate the university. I further understand that this application is valid for a period of 30 days. Another application may be required for consideration of future openings.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMPLOYMENT HISTORY (CONTINUED)**

Company Name \_\_\_\_\_ City/State \_\_\_\_\_

From \_\_\_\_\_ Starting Salary \_\_\_\_\_ Position \_\_\_\_\_

To \_\_\_\_\_ Final Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

Brief description of your duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ City/State \_\_\_\_\_

From \_\_\_\_\_ Starting Salary \_\_\_\_\_ Position \_\_\_\_\_

To \_\_\_\_\_ Final Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

Brief description of your duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ City/State \_\_\_\_\_

From \_\_\_\_\_ Starting Salary \_\_\_\_\_ Position \_\_\_\_\_

To \_\_\_\_\_ Final Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

Brief description of your duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

**ARMSTRONG ATLANTIC STATE UNIVERSITY**

11935 Abercorn Street • Savannah, Georgia 31419-1997 • 912.927.5267

**Authorization to Release Information**

This form is used for background clearance and record keeping purposes and is maintained separate from the application by the Human Resources Department.

This is to certify that I, \_\_\_\_\_, as an applicant for a position with Armstrong Atlantic State University, do hereby authorize the release of any and all information to Armstrong Atlantic State University's Human Resources Department from whomever they may deem it necessary to make such a request. Such information will include, but will not be limited to: criminal history records, military records, former employer records, pre-employment drug screen results, and educational records or transcripts. I also release all persons from any liability which results from furnishing said information to Armstrong Atlantic State University's Human Resources Department. Further, I authorize Armstrong Atlantic State University's Human Resources Department to copy or otherwise reproduce this original document and to let such copies or otherwise reproduction copy act as the original instrument. The original document is to be retained on file with Armstrong Atlantic State University's Human Resources Department.

Print Full Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Check one:  Male  Female

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Check one of the following (ethnic origin):

White

Hispanic

American Indian/Alaskan Native

Black

Asian/Pacific Islander

Other

Signature \_\_\_\_\_ Date \_\_\_\_\_

Notary Public \_\_\_\_\_ Commission Expires \_\_\_\_\_