



Human Resources Office
One Angwin Avenue
Angwin, CA 94508
707-965-6231
707-965-6400 (fax)
hr@puc.edu (e-mail)

Instructions for completion:

- 1. Save this document before proceeding.*
- 2. Complete the application form, then save again.*

Click here begin

- 3. **Please note:** Your signature is required at the bottom of page 4 to complete this form. After printing, make sure to do a final save.*



APPLICATION FOR EMPLOYMENT PERSONAL HISTORY

Human Resources Office
One Angwin Avenue
Angwin, CA 94508
707-965-6231
707-965-6400 (fax)
hr@puc.edu (e-mail)

Please note:
Your signature is required
at the bottom of page 4 to
complete this form.

Pacific Union College
is committed to equal
employment opportunities for
all individuals. The College
does not discriminate on the
basis of race, color, sex, age,
national origin, marital status,
or disability in its employment.
The College also prohibits
harassment in the workplace.
As a religious institution,
the College does exercise its
constitutional and statutory
rights to give preference to
hiring Seventh-day Adventists.

**Please complete the
application in its entirety.**

A clear understanding
of your background and work
history will aid us in placing
you in the position that best
suits your qualifications.

Please use an additional sheet
if necessary to provide further
information that would assist
us in making our decision
about your application.

Date: _____

➤ Name: _____
Last First Middle

Street address: _____
Address City State Zip

Home phone: (____) _____ Business phone: (____) _____ Fax: (____) _____

E-mail: _____ Social Security Number: _____

Have you used any other names for education, employment, or other purposes? Yes No

If yes, please state all names, dates used, and reasons/purpose (include preferred or nicknames): _____

Are you over eighteen years of age? Yes No

Do you have a valid Motor Vehicle Operator's License? Yes No

From what state? _____ Exp. date: _____ Class: _____

Do you maintain automobile insurance? Yes No Insurance limits: _____

Person to notify in case of an emergency:

Name: _____

Address: _____
City State Zip Phone

➤ Positions applying for: (1) _____ (2) _____ (3) _____

Are you seeking and available for: Full time Part time

Date available: _____ Pay expected \$ _____

Are you able to perform, with or without accommodation, the essential duties of the position for which you have applied?
 Yes No

➤ Can you, after employment, submit verification of your legal right to work in the United States? Yes No

If no, have you received employment authorization from the United States Immigration and Naturalization Service to work in the United States? Yes No

Would you agree to take a medical examination (after employment offer) if exam is required for this position? Yes No

Are you a member in regular standing of the Seventh-day Adventist church? Yes No

If yes, name of church and pastor: _____

Have you previously been denominationally employed? Yes No

If yes, last employer: _____

Are you a former College employee? Yes No

If yes, what department? _____

Do you plan to engage in other work while you are employed by the College? Yes No

If yes, describe the employer, the nature of the work, and the hours and days of the week involved: _____

Can you work any day of the week if required? Yes No If no, please explain: _____

- Have you ever been convicted of, pleaded guilty to, or received any form of probation or suspended sentence for any criminal offense (misdemeanors and felonies), excluding minor traffic violations? **Yes** **No** (Conviction will not necessarily disqualify applicant.)

If yes, describe in full including dates, criminal offenses, location (city and state), and disposition (use additional sheet if needed): _____

Are you currently on probation or suspended sentence for any criminal offense? **Yes** **No**

If yes, describe in full, including dates, criminal offense(s), current status, expected date of completion, and the name(s) and telephone number(s) of the probation or parole officer or other person or persons to whom you report:

EDUCATION

See attached resume Use information below

Name and address of school	Course(s) of study	Circle last year completed	Did you graduate?	Degree or diploma
Elementary		1 2 3 4 5 6 7 8	Yes No <input type="checkbox"/> <input type="checkbox"/>	
High school		9 10 11 12	<input type="checkbox"/> <input type="checkbox"/>	
Junior college		13 14	<input type="checkbox"/> <input type="checkbox"/>	
College or University		13 14 15 16	<input type="checkbox"/> <input type="checkbox"/>	
Other (specify; e.g. business, technical, and/or graduate school, etc.)			<input type="checkbox"/> <input type="checkbox"/>	

SKILLS

- Business/Language/Clerical Skills: Check the box by any area in which you have had appropriate experience

- | | | |
|---|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Medical Terminology | <input type="checkbox"/> Computer Software/Languages: |
| <input type="checkbox"/> Adding Machine | <input type="checkbox"/> PBX | <input type="checkbox"/> Database; types: _____ |
| <input type="checkbox"/> Bookkeeping | <input type="checkbox"/> Shorthand, wpm: _____ | <input type="checkbox"/> Desktop publishing |
| <input type="checkbox"/> Calculator | <input type="checkbox"/> Transcription | <input type="checkbox"/> Languages; types: _____ |
| <input type="checkbox"/> Cashier | <input type="checkbox"/> Typing, wpm: _____ | <input type="checkbox"/> Spread Sheets; types: _____ |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Word Processing; types: _____ |
| | | <input type="checkbox"/> Other: _____ |

- Foreign Languages:

Name and address of school	Speaking	Reading	Writing	Fluency: Advanced Basic	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do you possess a professional/trade license or certificate? **Yes** **No**

Type: _____ Issued by: _____ Date of Expiration: _____

- List any special job-related skills and qualifications you have obtained from employment or other experience:

Other skills? _____

► List any hobbies, special interests, or professional organizations: _____

EMPLOYMENT HISTORY

Start with your present or most recent job including military service assignments. Account for all periods of unemployment, including time in school or training. If you have worked for more than four employers, please use a separate sheet.

Firm name		Address/City/State		
Position/Department		From (Mo., Yr.)	To (Mo., Yr.)	Hours per week
Reason for leaving				
Supervisor	Beginning salary	Ending salary	May we contact this employer now? Yes No	Telephone number ()
Employment status (circle one): Full-time Part-time PRN as needed		Description of duties		

Firm name		Address/City/State		
Position/Department		From (Mo., Yr.)	To (Mo., Yr.)	Hours per week
Reason for leaving				
Supervisor	Beginning salary	Ending salary	May we contact this employer now? Yes No	Telephone number ()
Employment status (circle one): Full-time Part-time PRN as needed		Description of duties		

Firm name		Address/City/State		
Position/Department		From (Mo., Yr.)	To (Mo., Yr.)	Hours per week
Reason for leaving				
Supervisor	Beginning salary	Ending salary	May we contact this employer now? Yes No	Telephone number ()
Employment status (circle one): Full-time Part-time PRN as needed		Description of duties		

REFERENCES

Please list three persons, other than relatives, who have knowledge of your work experience and/or education.

Name	Mailing address	Phone (day)	Relationship
Name	Mailing address	Phone (day)	Relationship
Name	Mailing address	Phone (day)	Relationship

APPLICATION PROCESSING

The College does not interview all applicants for vacant job positions. Those applicants to be interviewed will be contacted by the College. Applications will be retained for 180 days following submission. After 180 days, applicants may submit a new application form to the College.

CERTIFICATION AND CONSENT

(Please read carefully, initial each paragraph, and sign below.)

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I have accounted for all of my education, training, work experience, and other information requested on this application. Information provided on this application form and exhibits, resumes, and other documents provided to the College is true, correct, and complete. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any false, misleading, or incomplete information, omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I understand that I may be asked to take job-related written and skill tests (if applicable) for the job position for which I am applying. If I decline to be tested, I understand that I will not be further considered for employment.

_____ I further understand if I am employed, I will serve an orientation period which, if successfully completed, will change my status to regular employee.

_____ I expressly acknowledge and understand that in the absence of a written contract to the contrary, my status, if I am hired, will be that of an employee at will having no contractual right, express or implied, to remain in the employ of Pacific Union College. In this connection, I further expressly acknowledge that neither anything said to me during the application and/or interview process or during employment, nor any provision in the employee handbook or personnel manual, constitutes the terms of an implied employment agreement. In consideration of any employment offered, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself.

_____ If offered employment with the College, I understand that I must comply with all of the College's rules and procedures.

_____ I hereby authorize the College to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references and prior employers I have listed to disclose to the College any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the College, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I hereby agree to submit to binding arbitration all disputes and claims arising out of the submission of this application. I further agree, in the event that I am hired by the College, that all disputes which might arise out of my employment with the College, whether during or after that employment, that cannot be resolved by informal internal resolution will be submitted to binding arbitration. I agree that such arbitration shall be conducted under the rules of the American Arbitration Association. By initialing in the space above, I am giving up my judicial rights to discovery and appeal, unless such rights are specifically included in the arbitration of disputes provision. If I refuse to submit to arbitration after agreeing to this provision, I may be compelled to arbitrate under the authority of the California Code of Civil Procedure. My agreement to this arbitration provision is voluntary. This application contains the entire agreement between the parties with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written.

_____ I have read and understand the foregoing and agree to submit disputes arising out of this application and/or employment with the College to neutral arbitration before the American Arbitration Association.

_____ Agree _____ Do Not Agree

X

Applicant's signature

Date

Please note: *Your signature is required to complete this form.
After printing, make sure to do a final save.*