



Employment Information

You must complete the University's Employment Application form, even though you may have provided us with a resume. Your application is used for making referrals to those departments filling job openings. It can be officially considered only after it has been completed in its entirety, including the Applicant Log (back of this sheet), and submitted to the University's Department of Human Resources by the closing date.

Applicants should apply for positions by vacancy number and job title. Incomplete applications will not be considered. You must submit one application for each position vacancy; photocopies with original signatures will be accepted. Your application will remain in active status until the position is filled.

A criminal background check will be acquired for any new applicant who is selected as a finalist for a position. A criminal record does not necessarily eliminate you from employment with the University. Each conviction will be reviewed with respect to the offense, circumstances, seriousness, and the position for which you apply.

All new employees must present proper forms to document identity and employment eligibility as required by the Federal Immigration and Control Act of 1986. The minimum employment age is eighteen (twenty-one for law enforcement officers). There is no maximum age.

Department of Human Resources
210 East First Street
Greenville, North Carolina 27858-4353

919-328-6352 Office Telephone
919-328-4851 Job Line Recording

Visit ECU's homepage at <http://www.ecu.edu>

WHEN COMPLETING THIS APPLICATION, PLEASE MAKE SURE YOU:

1. Use a black ink pen or typewriter.
2. Complete all sections of the Application for Employment, giving full information on your education and work history. Incomplete applications will not be considered.
3. List separately each job held and your duties for each position when you worked for one employer and held more than one position.
4. Check all responses for accuracy, then sign and date your application.

APPLICANT LOG

East Carolina University is an Equal Opportunity/Affirmative Action University, which accommodates the needs of individuals with disabilities. The Federal Government requires us to monitor and be able to produce data pertaining to the gender, ethnic background, citizenship, veteran status and disabilities of our job applicants. **Completing the following Applicant Log information is voluntary.** It will be removed from the application, retained in the Department of Human Resources and not forwarded to any employing department or to any Employment Recruiters reviewing your application. In keeping with the University's status as an Equal Opportunity/Affirmative Action University, this information will not be used in making any decision affecting hiring or any personnel action following employment. Should you accept an employment offer, you are then required to provide the requested gender, birth date, ethnic and citizenship information. If you prefer not to complete any section of the Applicant Log, you may leave it blank.

NAME (as appears on Social Security Card): _____ **SOCIAL SECURITY NUMBER** _____ **GENDER** _____ **BIRTH DATE:** _____
Last First Middle - - - - - Male _____/_____/_____
 Female Month Date Year

ETHNIC BACKGROUND

- 1- **White** (not Hispanic): Origins in Europe, North Africa, or the Middle East.
- 2- **Black** (not Hispanic): Origins in any of the black racial groups.
- 3- **American Indian or Alaskan Native:** Origins in the original peoples of North America.
- 4- **Asian or Pacific Islanders:** Origins in the Far East, Southeast Asia, the Indian sub-continent, or the Pacific Islands.
- 5- **Hispanic:** Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.

VETERAN

- V - **Vietnam Era * Veteran** (8-5-64 to 5-7-75)

"A person (1) who (I) served on active duty for a period of more than 180 days, any part of which occurred during the Vietnam era, and was discharged or released therefrom with other than a dishonorable discharge, or (II) was discharged or released from active duty for a service connected disability if any part of such active duty was performed during the Vietnam era, and (2) who was so discharged or released within 48 months preceding this application for employment covered under the Act."

* Effective January 1, 1997 the term "Vietnam Era" means the following:

- A) The period beginning on February 28, 1961, and ending May 7, 1975 in the case of a veteran who served in the Republic of Vietnam during that period.
- B) The period beginning on August 5, 1964, and ending on May 7, 1975 in all other cases.

CITIZENSHIP

- C- U.S. Citizen
- R- Resident Foreign National - An alien who has been admitted for permanent residence (must have Alien Registration Card, Form I-551).
- N- Non-Resident Foreign National - An alien admitted temporarily for specific purposes and periods of time.

DISABILITY DISCLOSURE

Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such an impairment; (3) or being regarded as having such an impairment (Americans with Disabilities Act of 1990). Persons without a disability should check item A.

The reporting of a disability is strictly VOLUNTARY. Persons with disabilities who DO NOT WISH to report their disabilities should check item A. Information reported on this form will be kept confidential as required by State law. Public disclosure of this information without your consent would be a violation of G.S. 126-27.

- None/Prefer not to report
- Blind or severely visually impaired
- Deaf or severely hearing impaired
- Loss or limited use of arms and/or hands
- Non-ambulatory (must use wheelchair)
- Other orthopedic impairment (including amputation, arthritis, back injury, cerebral palsy, Spina Bifida, etc.)
- Respiratory impairment
- Nervous system/Neurological disorder
- Mentally restored
- Mental retardation
- Learning disability
- Others (heart disease, diabetes, speech impairment)
- Others (please specify): _____

THIS APPLICATION IS IN RESPONSE TO (please specify one):

- ECU Job Vacancy Human Resources Job Line Radio Television Electronic / Internet / WWW Personal Referral
- Employment Security Commission (Job Service) - indicate which local office: _____
- Other : _____



Application for Employment

An equal opportunity/affirmative action university which accommodates the needs of individuals with disabilities

Name (as appears on Social Security Card): _____
Last Name First Name Middle Name

Address (street & no. or RFD): _____ Soc. Sec. No.: _____ - _____ - _____

City: _____ Country: _____ State: _____ Zip: _____

Please Print
or Type with black ink.

Telephone: Home (or where you can be reached) _____ Business _____
(Area Code) Number (Area Code) Number

General Information

a. Are you a U.S. Citizen? YES NO If no, you must be legally authorized to work and must provide work authorization documents.

b. Check the following which you have:
 Driver's License Number _____ State _____
 Commercial Driver's License No. _____ State _____

c. Have you ever been convicted of any unlawful offense * (other than a minor traffic violation)? YES NO If yes, list the date of the conviction and crime for which you were convicted:

d. Are you related by blood or marriage to any person now working for the State of N.C. or East Carolina University? YES NO
If yes, list name, relationship to you and the agency where employed:

e. Are you presently employed by the State of North Carolina? YES NO

*A criminal background check will be acquired for new applicants who are finalists. A criminal record does not necessarily eliminate you from employment with the University. Each conviction will be reviewed with respect to the offense, circumstances, seriousness, and the position for which you apply.

Military Service

Are you a veteran OR the spouse of a disabled veteran? YES NO
If a veteran, do you wish to declare a service-related disability? YES NO

Are you a dependent OR the surviving spouse of a veteran who died in service? YES NO

Employment

Enter below the specific job vacancy number and job title for which you are applying. List only one per application.

Vacancy No.: _____ Job Title: _____

PLEASE CHECK ONE:

- Temporary Permanent
 full-time full-time
 part-time part-time

Education and Training

Circle highest grade completed

High School _____ Date Graduated _____ High School - 9 10 11 12 or GED
Name Location Month Year College - 1 2 3 4
Graduate School - 1 2 3 4

Education Beyond High School		Attend From Mo. Yr.	Attend To Mo. Yr.	Credit Hours Passed	Type of Degree, Diploma or Certificate Received	Date Graduated Month/Year	Major Subject
College or University	Name: Location:						
College or University	Name: Location:						
Graduate or Professional	Name: Location:						
Other (Internship, etc.)	Name: Location:						

List special training programs and seminars you have completed in the last five years:

COMPUTER SKILLS - Check as applicable; also list computer courses you have taken and any special computer skills you possess:

- IBM (Windows or DOS) Microsoft Word WordPerfect Excel PowerPoint Harvard Graphics
 Macintosh Lotus 1-2-3 dBase PageMaker QuarkXpress Photoshop
 Other _____ Other Software _____

Additional Comments: _____

MEMBERSHIP IN PROFESSIONAL, HONORARY, OR TECHNICAL SOCIETIES (List): _____

LICENSES AND CERTIFICATIONS - List fields of work which you are registered:

Registration: _____ State: _____ No.: _____
Registration: _____ State: _____ No.: _____
Registration: _____ State: _____ No.: _____

DO NOT COMPLETE THIS BLOCK

Degrees and professional credentials:

- have been verified
 will be verified within 90 days (G.S. 126-30)

Person Responsible: _____

Employment History

Name: _____

Soc. Sec. No.: _____ - _____ - _____

INSTRUCTIONS: List your present or most recent position FIRST. If you have more than one position with any employer, list separately each position held. Include any unpaid experience. Resume information supplements but is not a substitute for completing in detail this application.

A. Title of present position: _____ Starting Salary: _____ Last/Present Salary: _____

From: ____ Mo. ____ Yr.	To: ____ Mo. ____ Yr.
Full-time (>40 hrs): ____ Yrs. ____ Mos.	Part-time (<40 hrs): ____ Yrs. ____ Mos.
If part-time, # hrs. worked per week: _____	

Employer:		Supervisor's Name:	
Address:		Supvr's Title:	Supvr's Telephone #: ()
No. Supervised by You:	Reason for Leaving:	May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Duties and Responsibilities : _____

B. Title of next position: _____ Starting Salary: _____ Last/Present Salary: _____

From: ____ Mo. ____ Yr.	To: ____ Mo. ____ Yr.
Full-time (>40 hrs): ____ Yrs. ____ Mos.	Part-time (<40 hrs): ____ Yrs. ____ Mos.
If part-time, # hrs. worked per week: _____	

Employer:		Supervisor's Name:	
Address:		Supvr's Title:	Supvr's Telephone #: ()
No. Supervised by You:	Reason for Leaving:	May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Duties and Responsibilities : _____

C. Title of present position: _____ Starting Salary: _____ Last/Present Salary: _____

From: ____ Mo. ____ Yr.	To: ____ Mo. ____ Yr.
Full-time (>40 hrs): ____ Yrs. ____ Mos.	Part-time (<40 hrs): ____ Yrs. ____ Mos.
If part-time, # hrs. worked per week: _____	

Employer:		Supervisor's Name:	
Address:		Supvr's Title:	Supvr's Telephone #: ()
No. Supervised by You:	Reason for Leaving:	May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Duties and Responsibilities : _____

Employment History, continued

Name: _____ Soc. Sec. No.: _____ - _____ - _____

D. Title of position: _____ Starting Salary: _____ Last/Present Salary: _____

From: Mo. ___ Yr. ___	To: Mo. ___ Yr. ___
Full-time (>40 hrs): Yrs. ___ Mos. ___	Part-time (<40 hrs): Yrs. ___ Mos. ___
If part-time, # hrs. worked per week: _____	

Employer:	Supervisor's Name:	
Address:	Supvr's Title:	Supvr's Telephone #: ()
No. Supervised by You:	Reason for Leaving:	May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

Duties and Responsibilities : _____

E. Title of position: _____ Starting Salary: _____ Last/Present Salary: _____

From: Mo. ___ Yr. ___	To: Mo. ___ Yr. ___
Full-time (>40 hrs): Yrs. ___ Mos. ___	Part-time (<40 hrs): Yrs. ___ Mos. ___
If part-time, # hrs. worked per week: _____	

Employer:	Supervisor's Name:	
Address:	Supvr's Title:	Supvr's Telephone #: ()
No. Supervised by You:	Reason for Leaving:	May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

Duties and Responsibilities : _____

F. Title of position: _____ Starting Salary: _____ Last/Present Salary: _____

From: Mo. ___ Yr. ___	To: Mo. ___ Yr. ___
Full-time (>40 hrs): Yrs. ___ Mos. ___	Part-time (<40 hrs): Yrs. ___ Mos. ___
If part-time, # hrs. worked per week: _____	

Employer:	Supervisor's Name:	
Address:	Supvr's Title:	Supvr's Telephone #: ()
No. Supervised by You:	Reason for Leaving:	May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

Duties and Responsibilities : _____

G. Title of position: _____ Starting Salary: _____ Last/Present Salary: _____

From: Mo. ___ Yr. ___	To: Mo. ___ Yr. ___
Full-time (>40 hrs): Yrs. ___ Mos. ___	Part-time (<40 hrs): Yrs. ___ Mos. ___
If part-time, # hrs. worked per week: _____	

Employer:	Supervisor's Name:	
Address:	Supvr's Title:	Supvr's Telephone #: ()
No. Supervised by You:	Reason for Leaving:	May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

Duties and Responsibilities : _____

Employment History, continued

Name: _____

Soc. Sec. No.: _____ - _____ - _____

H. Title of position: _____ Starting Salary: _____ Last/Present Salary: _____

From: Mo. ____ Yr. ____	To: Mo. ____ Yr. ____
Full-time (>40 hrs): Yrs. ____ Mos. ____	Part-time (<40 hrs): Yrs. ____ Mos. ____
If part-time, # hrs. worked per week: _____	

Employer:	Supervisor's Name:	
Address:	Supvr's Title:	Supvr's Telephone #: ()
No. Supervised by You:	Reason for Leaving:	May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

Duties and Responsibilities : _____

I. Title of position: _____ Starting Salary: _____ Last/Present Salary: _____

From: Mo. ____ Yr. ____	To: Mo. ____ Yr. ____
Full-time (>40 hrs): Yrs. ____ Mos. ____	Part-time (<40 hrs): Yrs. ____ Mos. ____
If part-time, # hrs. worked per week: _____	

Employer:	Supervisor's Name:	
Address:	Supvr's Title:	Supvr's Telephone #: ()
No. Supervised by You:	Reason for Leaving:	May we contact employer? <input type="checkbox"/> YES <input type="checkbox"/> NO

Duties and Responsibilities : _____

Other Remarks

Please note any additional information or comments you feel relevant to the position which you are applying: _____

I CERTIFY THAT I HAVE GIVEN TRUE, ACCURATE AND COMPLETE INFORMATION ON THIS FORM TO THE BEST OF MY KNOWLEDGE. I authorize employers (if approved in the Employment History section), educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application, disciplinary action or dismissal if I am employed, and (or) criminal action. I further understand that dismissal upon employment shall be mandatory if fraudulent disclosures are given to meet position qualifications. (Authority G.S. 126-30, G.S. 14-122.1)

RETURN COMPLETED FORM TO:

Department of Human Resources
 East Carolina University
 210 East First Street
 Greenville, North Carolina 27858-4353

 SIGNATURE OF APPLICANT (unsigned applications will not be processed)

 DATE

Equal Employment Opportunity Statement

East Carolina University is committed to equality of educational opportunity and does not discriminate against applicants, students, or employees based on race, color, national origin, religion, gender, age, sexual orientation or disability.

An equal opportunity/affirmative action university, which accommodates the needs of individuals with disabilities.