

Savannah State University – Academic Application

HUMAN RESOURCES DEPARTMENT
 Post Office Box 20601
 James Colston Administration Building, Room 120
 Savannah, Georgia 31404 • 912.358.4194 • Fax 912.691.6284

AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS to APPLICANT: Read job announcement carefully. Complete this application accurately and legibly by printing or typing. False, incorrect, incomplete or misleading statements may disqualify you for employment. If you are an applicant with a known disability as defined under the Americans with Disabilities Act and you will need an accommodation in the recruitment or selection process, you must request this accommodation no later than 48 hours prior to the need.

We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, disability or any other legally protected status.

Position(s) applied for:	Date	(For Office Use) Reviewed by:

Hours available: Full time only Part time only Both

REFERRAL SOURCE: (Please check the appropriate response)

- | | | | |
|-----------------------------------|--|--|---------------------------------|
| <input type="checkbox"/> Print Ad | <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Private Employment Agency | <input type="checkbox"/> Other: |
| <input type="checkbox"/> TV Ad | <input type="checkbox"/> Gov't Employment Agency | <input type="checkbox"/> Employee | |
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> Community Agency | <input type="checkbox"/> Job Announcement | |

Name: _____

(First)
(Middle)
(Last)

Address: _____

(Number, Street and Apartment Number)
(City, State, Zip Code)

Home Phone No: _____ Alternate Phone No.: _____

Social Security Number: _____

COLLEGIATE AND PROFESSIONAL EDUCATION

Degree	Institution	Year	Major Field of Study	Minor Field of Study

Computer: List computer software you can operate:

Have you ever been dismissed or asked to resign from any job? Yes No

If yes, please explain: _____

Do you have a relative currently working with Savannah State University? Yes No

The Board of Regents nepotism policy states no individual shall be employed in a department or unit which result in the existence of a subordinate-superior relationship between such individual and relative through any line of authority.

Have you ever been employed with Savannah State University? Yes No If yes, indicate dates and name used when previously: _____

Regular employee

Interim Temporary Employee

Have you ever been convicted of a crime? Yes No If yes, give date, nature of offense, name and location of court, and the penalty or disposition of the case or cases. Past convictions may not automatically exclude an applicant from employment. The relationship of the crime to the position applied for will be taken into consideration.

Work History Summary: Beginning with the most recent job, indicate ALL periods of employment, unemployment, education or military service during the past 10 years. Attach additional sheet(s) if necessary. **NO ADDITIONAL WORK HISTORY INFORMATION WILL BE ACCEPTED AFTER POSITION HAS CLOSED.**

WORK BEYOND LAST EARNED DEGREE

Year	Institution	Major Field	Minor Field

PRIOR TEACHING EXPERIENCE

Year	Institution	Major Field	Minor Field

**PRIOR ADMINISTRATIVE EXPERIENCE
(In Education)**

Year	Institution	Position

PRIOR BUSINESS, PROFESSIONAL, MILITARY EXPERIENCE

Year	Organization	Position

MEMBERSHIP IN PROFESSIONAL AND HONOR SOCIETIES

Year	Institution	Position

HONOR AND SPECIAL RECOGNITIONS

Year	Awards or Organization	Basis of Selection

PUBLICATIONS AND RESEARCH

(Give complete list, use attachment if necessary)

Year	Title	Name of Selection

BOOKS AND MONOGRAPHS

Year	Title	Name of Publisher	Name of Selection

RESEARCH PROJECTS

(Unpublished / Published)

Year	Title	Name of Selection

AGREEMENT

I certify that answer(s) 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. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also that I am required to abide by all rules and regulations of the University.

Date

Signature of Applicant

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

AUTHORIZATION TO RELEASE INFORMATION

This is to certify that I, _____ as an applicant for a position with the Savannah State University, do hereby authorize the release of any and all information to the Savannah 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 record, former employer records, pre-employment drug screen results, credit records and educational records or transcripts. I also release all persons from any liability which results from furnishing said information to the Savannah State University's Human Resources Department. Further, I authorize the Savannah 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 the Savannah State University's Human Resources Department.

Full Name Printed

Social Security Number

Address

Signature

Date

(For Office Use Only)

Notary

The following information is requested for identification and record-keeping only, and will be maintained separately from the application. Exclusion of this data will not result in disqualification from consideration.

Check One: Male Female

Check One of the following: (Ethnic Origin)

White Hispanic American Indian/Alaskan Native
 Black Asian/Pacific Islander Other

Disabled Individual (In accordance with Americans with Disabilities Act)

Birth Date:

Yes No - Veteran

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

VERIFICATION OF PREVIOUS EMPLOYMENT

I hereby authorize my former employers to release information requested by the Savannah State University in connection with my Application for a position with the University.

Name of Applicant

Social Security Number

Previous Name During Work History: _____

Signature of Applicant

Date

(DO NOT WRITE BELOW THIS LINE)

Date: _____

NAME OF FIRM _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

The above applicant has applied for the position of _____ with Savannah State University. As a former employer of this person, would you please aid us in determining this applicant's qualifications by completing the following:

1. Dates of employment with your firm: From _____ to _____
2. Job Title: _____ Job Duties _____
3. Would you classify this employee's work performance as: Excellent Good Fair Poor
4. Please Explain:
5. Was employee's attendance regular? Yes No
6. What was employee's reason for leaving? _____
7. Does your firm consider this employee re-employable? Yes No

If no, why not? _____

THIS REPORT IS HELD STRICTLY CONFIDENTIAL – If you have any further information that would help us to determine this person's qualifications, please state.

Date Completed

Signature

Title

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Supplement C: This form is used for background clearance and record keeping purposes and is maintained separate from the application by Human Resources and/or Risk Management

MOTOR VEHICLE RECORDS RELEASE

PLEASE READ THE STATEMENT OF UNDERSTANDING AT THE BOTTOM OF THIS REQUEST FOR. IF YOU DO NOT UNDERSTAND THE FORM OR HAVE QUESTIONS, PLEASE ASK BEFORE SIGNING THE FORM. PLEASE PRINT AND COMPLETE ALL THE BLANKS.

LAST NAME	FIRST NAME	MIDDLE NAME	
SOCIAL SECURITY NUMBER	DATE OF BIRTH	RACE	SEX
LICENSE NUMER	ISSUING STATE	ISSUE DATE	

CHECK LICENSE TYPE AND CLASS: CDL REGULAR A B C P M

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT SAVANNAH STATE UNIVERSITY WILL OBTAIN MY DRIVING RECORD AND THAT IT IS TO BE USED TO DETERMINE MY ELIGIBILITY FOR EMPLOYMENT OR CONTINUATION OF DRIVING PRIVILEGES. I ALSO UNDERSTAND THAT MY DRIVING RECORD WILL BE OBTAINED ON A YEARLY BASIS AND THAT I MUST INFORM MY SUPERVISOR IMMEDIATELY IF MY LICENSE IS SUSPENDED.

SIGNATURE OF EMPLOYEE/APPLICANT

DATE

SIGNATURE OF WITNESS

DATE