

# Savannah State University – *Classified 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: \_\_\_\_\_

Education	Name/Location	Type of Diploma or Certificate or Degree	Received	Major Field of Study
Middle School				
High School				
Technical School				
College/University				
Graduate School				

Certification: List special licenses, certifications or training

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.

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**WORK HISTORY**

Name of Employer:	
Name of Supervisor:	Telephone No:
Street Address:	
City & State:	
Dates Worked From:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time
Job Title:	Duties:
Reason for Leaving:	If current employer, can we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Employer:	
Name of Supervisor:	Telephone No:
Street Address:	
City & State:	
Dates Worked From:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time
Job Title:	Duties:
Reason for Leaving:	If current employer, can we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Employer:	
Name of Supervisor:	Telephone No:
Street Address:	
City & State:	
Dates Worked From:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time
Job Title:	Duties:
Reason for Leaving:	If current employer, can we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Employer:	
Name of Supervisor:	Telephone No:
Street Address:	
City & State:	
Dates Worked From:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time
Job Title:	Duties:
Reason for Leaving:	If current employer, can we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Employer:
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Name of Supervisor:	Telephone No:
Street Address:	
City & State:	
Dates Worked From:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time
Job Title:	Duties:
Reason for Leaving:	If current employer, can we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Employer:	
Name of Supervisor:	Telephone No:
Street Address:	
City & State:	
Dates Worked From:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time
Job Title:	Duties:
Reason for Leaving:	If current employer, can we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

#### REFERENCES

Name	Address	Telephone	Relationship

#### 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.**

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## AUTHORIZATION TO RELEASE INFORMATION

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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.**

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## VERIFICATION OF PREVIOUS EMPLOYMENT

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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

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(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

November, 2010

This application is valid for one year.

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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**

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## MOTOR VEHICLE RECORDS RELEASE

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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.

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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

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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.

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SIGNATURE OF EMPLOYEE/APPLICANT

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DATE

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SIGNATURE OF WITNESS

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DATE