



# AUGUSTA UNIVERSITY

## APPLICATION FOR TEMPORARY EMPLOYMENT

HUMAN RESOURCES DIVISION – AUGUSTA UNIVERSITY AUGUSTA, GA 30912

**NOTICE:** All applicants may be subject to pre-employment physical and/or drug screening dependent upon the position and its requirements. In accordance to Board of Regents policies, which are adhered by our Human Resources Division and/or our Background Investigation Committee, there are convictions or pending charges which may disqualify your employment. If you should have a question or concern, please see an HR Representative. Augusta University is an Affirmative Action / Equal Employment Employer and does not discriminate on the basis of race, religion, color, sex, age, national origin, veteran status, sexual orientation, disability, or political affiliation.

**NAME** (Type or Print):

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Maiden \_\_\_\_\_

Are you a former Augusta University employee? **CHECK ONE:** YES or NO

If yes, what was the last date of employment? \_\_\_\_\_

If yes, under what name? Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**PRESENT MAILING ADDRESS:**

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**PHONE:** Home #: \_\_\_\_\_ Business #: \_\_\_\_\_ Other #: \_\_\_\_\_

Are you eligible to work in the United States? **CHECK ONE:** YES or NO

**DEPARTMENT YOU ARE APPLYING TO WORK FOR:** \_\_\_\_\_

When can you start work? \_\_\_\_\_

**EDUCATIONAL HISTORY:**

**HIGH SCHOOL:** Name of School: \_\_\_\_\_ Location: \_\_\_\_\_

Check highest school year completed: 9 10 11 12 Graduate: YES or NO

If no, do you have a GED? YES or NO

**TECHNICAL SCHOOL OR COLLEGE/UNIVERSITY:**

Name: \_\_\_\_\_ Location: \_\_\_\_\_ #yrs: \_\_\_\_\_ Degree Date: \_\_\_\_\_

**GRADUATE/PROFESSIONAL:**

Name: \_\_\_\_\_ Location: \_\_\_\_\_ #yrs: \_\_\_\_\_ Degree Date: \_\_\_\_\_

**FIELDS OF WORK FOR WHICH YOU ARE LICENSED, REGISTERED, OR CERTIFIED:**

License Number: \_\_\_\_\_ Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Present or Previous Employer (Most recent):

\_\_\_\_\_

Name under which you are employed: \_\_\_\_\_

Dates of employment: **From:** \_\_\_\_\_ **To:** \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Description of work performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Release Statement:** I hereby state the information on this application and/or accompanying resume/CV is true and complete. I understand that any false, misleading representations or omissions may disqualify me for further consideration for employment and may result in immediate discharge even if discovered at a later date. I hereby authorize persons, schools and employers unless indicated otherwise named above on this application to disclose information to Augusta University relevant to making an employment decision and release them from any liability or damages for examination, criminal background investigation check, physical examination and/or drug screen, if applicable.

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_