

**THIS
APPLICATION
IS NOT FOR
WORKSTUDY**



Bluefield State University

Please save the application first under a different name in order to save your entries.

EMPLOYMENT APPLICATION

PERSONAL INFORMATION					Date:	
Last Name:			First Name:		Middle Initial:	
Address (Street, PO Box):						
City:			State:		Zip:	
Home Phone:		Alternate Phone:		Best Time to be Reached:		
Email:			Position Desired:			
Are you legally eligible to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Have you ever pled guilty or been found guilty of a crime? List convictions (not arrests). Do not list any routine traffic violation that did not result in suspension or revocation of driver's license. YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, list crime, date, jurisdiction, and punishment. Attach additional sheet if necessary.						
Please indicate appointment type you would accept: Regular-status, Part-time: YES <input type="checkbox"/> NO <input type="checkbox"/> Regular-status, Full-time: YES <input type="checkbox"/> NO <input type="checkbox"/> Temporary, Casual, and/or Extra Help: YES <input type="checkbox"/> NO <input type="checkbox"/> Regular Student Employment: YES <input type="checkbox"/> NO <input type="checkbox"/>						
List any days and hours you are unavailable for work:				Are you 16 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		
EDUCATION						
Select the highest school grade completed: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> or GED Equivalent <input type="checkbox"/>						
POST HIGH SCHOOL EDUCATION (You may be asked to provide a transcript):						
Name/Location of School	FROM		TO		Total Credits	Degree
	MO	YR	MO	YR		
Business, Vocational or Technical School				No. of Weeks Attended	Clock Hours Completed	Certificate Attach Copy
Additional Training (Seminars, Military, Training, Workshops, etc.)						

LIST ALL WORK EXPERIENCE BEGINNING WITH YOUR PRESENT OR MOST RECENT JOB AND WORK BACK

Applicant Name:

Company Name:		Phone Number:	
Company Address:		Supervisor's Name:	
		Your Title:	
Type of Business:		May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Employed from (Month/Day/Year):		Employed to (Month/Day/Year):	
Number of hours worked per week:	Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		
If you supervised employees, list number and title(s):		Reason for Leaving:	
Job Duties:			
Additional Remarks:			

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Company Address:		Supervisor's Name:	
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Job Duties:			
Additional Remarks:			

Applicant Name:	
For jobs requiring DRIVER'S LICENSE, PROFESSIONAL LICENSE, and/or CERTIFICATION, please list all that apply:	
Do you have a Valid Driver's License (Yes or No)?:	License Number:
State or Licensing Authority:	Expiration Date:
Certification:	Registration Number:
State or Licensing Authority:	Expiration Date:
Certification:	Registration Number:
State or Licensing Authority:	Expiration Date:

PROFESSIONAL AND EMPLOYMENT REFERENCES

List at least three individual acquaintances that are familiar with your professional or employment background who may be contacted during the recruiting process.

Name	Profession/Business	Address	Telephone

Please use this space to provide additional professional information you consider important, but which is not shown elsewhere on the application.

BLUEFIELD STATE UNIVERSITY IS AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Bluefield State University to provide employment, training, compensation, promotion opportunities, and other aspects of employment without regard to race, color, religion, creed, political belief or affiliation, sex, national origin, age, mental or physical disability, genetic information, sexual orientation, marital status, gender identity and expression, and veteran status, or any other status or condition protected by applicable federal or state laws, except where a bona fide occupational qualification applies.

At Bluefield State University, all terms and conditions of employment are, and will continue to be, established on the basis of the individual's qualifications and ability to perform the job.

The Vice President of Human Resources is designated as the Affirmative Action Officer. The AAO and institutional administrators, managers, and supervisors will be responsible for communicating this policy and supporting its implementation. The full text of BSU's Policy No. GA-615: Equal Opportunity and Affirmative Action may be viewed at <http://bluefieldstate.edu/resources/board-governors/policies>.

NOTE: Applications will be accepted only for active job openings and will only be accepted up to and including the job close date.

In order to comply with the requirements of Title II of Public Law 101-542, "The Crime Awareness and Campus Security Act of 1990", Bluefield State University collects statistics concerning the occurrence of on campus criminal offenses. A complete report is available upon request to all students and employees, as well as any applicant for enrollment or employment, from the office of Campus Security. Bluefield State University is committed to maintaining a safe educational environment for our students, faculty and staff.

HR 06/26/15; Rev. 07/01/22

PLEASE READ CAREFULLY BEFORE SIGNING: I hereby confirm that this complete Employment Application contains no willful misrepresentations or falsifications. I am fully aware that should investigation at some time disclose any such misrepresentations or falsification, I would become subject to appropriate disciplinary action, which may include dismissal. I authorize any investigation of all statements contained in this application may be necessary in arriving at an employment decision and agree to hold Bluefield State University harmless from any information obtained. I realize it is my responsibility to complete fully all sections of the application and that failure to do so may result in my application not being considered for employment. As specified in the Immigration and Reform Control Act of 1986, if I am offered employment, I am aware that I will be required to prove my identity and verify my eligibility to work in the United States.

Signature	Date
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Return application to:
BSU Office of Human Resources
219 Rock Street
Bluefield, WV 24701
Email: humanresources@bluefieldstate.edu
Visit our website at www.bluefieldstate.edu

