

Franklin Pierce University is an equal opportunity employer dedicated to a policy of non-discrimination in employment. We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

If you require assistance to complete this application, please request from the HR Department the necessary accommodations to participate in the application process.

Application Process:

- ✓ Attach a cover letter, a copy of your most current resume, and any other supporting documentation.
- ✓ All parts of this application must be completed for employment consideration.

Personal Information:

Name: _____ Maiden / Alias: _____

Address: _____

Mailing Address: _____
(if different)

Home phone: () _____ Cell phone: () _____

Email Address: _____@_____

Preferred method of contact? Home Cell Email Best Time to Contact: _____

Eligible to work in the USA? Yes No Are you more than 18 years old? Yes No

Have you ever worked for the University in the past? Yes No If yes, when: _____

Is any member of your family a current or former employee of Franklin Pierce? Yes No

If yes, who: _____ Relationship: _____

Position Details:

(A new application must be completed for each position you wish to apply for)

Position Title: _____

Employment Type: Full time Part-Time Per Diem (on call)

Position Type: Faculty Administration Staff Grad Assistant

Location: Rindge Lebanon Portsmouth Goodyear, AZ Online

Advertised where? HR Office FP Website Employee Referral Newspaper _____

Website (name): _____ Other: _____

Educational Profile:

High School: _____	Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	GED? Yes <input type="checkbox"/> No <input type="checkbox"/>
College/University: _____	Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree: _____
College/University: _____	Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree: _____
Other Institutions: _____	Graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	"Degree: _____

*If hired, official transcripts will be required for all degree's listed

Professional License / Memberships:

Type of License: _____ State: _____ Expiration Date: ___ / ___ / ___

Other Professional Memberships: _____

Previous Employment

Employer:	Job Held:	Dates:	Reason for Leaving:	Can We Contact?

Have you been discharged or asked to leave from a previous place of employment?

Yes No

If yes, please explain: _____

References:

Name: _____ Relationship: _____
Contact number & Email: _____

Name: _____ Relationship: _____
Contact number & Email: _____

Name: _____ Relationship: _____
Contact number & Email: _____

Criminal Convictions:

During the past five years, have you ever been convicted of a felony? Yes No

Convictions will not necessarily disqualify applicant. Each case is considered individually. Applicants are not obligated to disclose sealed, erased or expunged records of convictions. If yes, describe on a separate sheet of paper and place in a sealed envelope addressed to the Director of Human Resources. (Do not answer this question if you live in the State of Massachusetts)

APPLICANT AUTHORIZATION

I certify that the information that I have supplied in the accompanying résumé and cover letter are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been hired, no matter when discovered.

I understand that all offers of employment are conditional upon proper documentation. I authorize Franklin Pierce University to investigate all statements contained in my résumé and cover letter, and I authorize my former employer, co-workers and references to disclose information regarding my former employment, character, and general reputation to Franklin Pierce University. I authorize the references provided to disclose information regarding my employment history, character and general reputation to Franklin Pierce University, without giving me prior notice of such disclosure.

I release Franklin Pierce University, its agents, any former employers and all references I have listed from any and all claims, liabilities or demands arising out of or related to such investigation, disclosure or related information.

It is understood and agreed upon that any misrepresentation or falsification by me on this application will be sufficient cause for cancellation of my employment application and/or termination of employment if I have been employed.

This application is current for this position only. It will be necessary to fill out a new application if you have not been contacted or hired for this position or if you wish to apply for another position. If I become employed, I agree to abide by all the policies, rules and regulations of the University. I understand that my employment is at-will.

Applicant Signature: _____

Date: _____

Adjunct / Part-time Faculty Application Addendum

(To be considered for an Adjunct/Part-time faculty position, this document must accompany the "Application for Employment")

Name: _____ Date: _____

Have you ever taught at Franklin Pierce before: Yes No If yes, when: _____

Site Consideration: Rindge Lebanon Portsmouth Goodyear, AZ Online

Program(s) Consideration: Undergraduate Graduate Doctorate

Academic Profile:

Highest Degree: _____ Discipline: _____ College/University: _____

Second Highest: _____ Discipline: _____ College/University: _____

Other Degrees: _____ Discipline: _____ College/University: _____

Course Information

Previously Taught-

Course:	Level:	Institution:	Dates:

Willing to Teach-

Course Name:	Course Name:

Approvals:

Director: _____ Date: _____ Comments: _____

Associate Dean: _____ Date: _____ Comments: _____

Dean: _____ Date: _____ Comments: _____

AUTHORIZATION FOR BACKGROUND CHECKS

I voluntarily authorize Franklin Pierce University or any of its appointed representatives to conduct a background check and as well as check my references in relation to my application. I also authorize any person, business or governmental agency that may have information about me to disclose the same to Franklin Pierce University. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment with Franklin Pierce University.

In accordance with the requirements of the Fair Credit Reporting Act, Title 15, U.S.C. S 1618 et seq, I understand that an investigative consumer report may be requested that may include information regarding my court records (both civil and criminal), my driving records, educational and professional references. This may come from either public or private sources including but not limited to friends, neighbors, associates or others with whom I am acquainted or who may have knowledge regarding my character, general reputation, personal characteristics, experience, work habits, mode of living and reasons for termination from past employment.

I also understand that I may (1) request in writing the nature of the information obtained, and (2) request a written summary of my rights under the Fair Credit Reporting Act. I further understand that if Franklin Pierce University is considering taking any adverse action on my application based on this report that I have the right to receive a copy of the report and will be provided with a written summary of my rights under the Fair Credit Reporting Act. I hereby agree that a photographic copy or a telephonic facsimile of this document shall be valid and a summary of rights provided to me free of charge. I have read, understand, and agree with the above.

I also hereby release Franklin Pierce University from all liability for damages or claims including, but not limited to: defamation, interference with contract, and negligence – which may arise or result from any reference information gathered pursuant to this authorization. It is understood and agreed upon that any misrepresentation or falsification by me on this application will be sufficient cause for cancellation of my employment application and/or termination of employment if I have been employed.

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Personal Information:

Name: _____ Date of Birth: ____ / ____ / ____ SS#: ____ / ____ / ____

Address: _____
Street City: State: Zip:

Phone: (____) _____ - _____ Driver's License: # _____ State Issued: _____

Previous Names Used: _____

Previous Addresses:

Address: _____
Street City: State: Zip: Dates there

Address: _____
Street City: State: Zip: Dates there

Address: _____
Street City: State: Zip: Dates there

Signature

Date