Application For Employment

Human Resources - 610 King of Prussia Road, Radnor, PA 19087

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It is the policy of Cabrini University to provide a working and learning environment in which employees and students are able to realize their full potential as productive members of the Cabrini community.

Cabrini University values diversity and seeks talented students, faculty and staff from diverse backgrounds. The University does not discriminate in hiring or employment on the basis of race, sex, sexual orientation, religion, color, national or ethnic origin, age, disability, or status as a Vietnam Era Veteran or disabled veteran in the administration of educational policies, programs, or activities; admissions policies, scholarship, and loan awards, athletic or other University-administered programs or employment. Any questions on this application or other employment documents relating to any of the foregoing enumerated categories is intended to secure information for use only in conjunction with the University's affirmative action plan required by federal law. Submission of such information is voluntary.

Employment resulting from this application is terminable "at will" by either the employee or Cabrini University. Employment is contingent upon the applicant providing the necessary proof of US citizenship or legal authorization to work in the United States.

Personal Data

_____ _____ _____
Last Name First Name Middle Initial

_____ _____ _____ _____
Street Address & Apt. Number City State Zip Code

(_____) _____-_____ (_____) _____-_____ Are you 18 years of age or older? Yes ____ No ____
Telephone Number Secondary Telephone Number

Other names under which you have been known for employment, educational records or references: _____

Position for which you are applying: Desired Salary: Date Available:

_____ _____ _____

Have you ever been employed at Cabrini: *Yes* _____ Reason for Leaving_____ *No* _____

How did you learn about this position: *Employee Referral* _____
Name of Employee/ Friend or Family member?

Please list any relatives working for Cabrini _____

Posting: _____ Print Ad: _____ Agency:_____
At Cabrini or Web Site ***Name of Newspaper/Journal*** ***Name of Agency***

Available for: *Full time* _____ *Part time* _____ *Hours available* _____ *Temporary (dates)* _____

Are you legally eligible to work in the U.S.? * *Yes* _____ Alien Registration # _____ *No* _____

**Under the Immigration Reform Control Act of 1986, any new employee (whether U.S. citizen, resident alien or non-immigrant) must provide proof of identity and/or work authorization at time of employment. If unable to do so, the individual cannot be employed.*

Have you ever been convicted of a felony? Yes _____ No _____ If yes, please describe briefly.* _____

_____

****A conviction will not necessarily disqualify an applicant from employment.***

Education & Training

School	Name & Address of School	Major/Course of Study	Years Completed	Diploma/ Degree
High School				
Undergraduate College				
Graduate/ Professional				
Technical or Other				

Employment History

Please give past employment record as completely as possible starting with current or last employer.

Present or Last Employer	Dates of Employment	Current/Ending Salary
Address		
	Telephone #	Supervisor
Job/Position Title:		
Description of Duties and Responsibilities		
Reason for Leaving:		
Previous Employer	Dates of Employment	Current/Ending Salary
Address		
	Telephone #	Supervisor
Job/Position Title:		
Description of Duties and Responsibilities		
Reason for Leaving:		

Continued Employment History

Previous Employer	Dates of Employment	Current/Ending Salary
Address		
	Telephone #	Supervisor
Job/Position Title:		
Description of Duties and Responsibilities		
Reason for Leaving:		
Previous Employer	Dates of Employment	Current/Ending Salary
Address		
	Telephone #	Supervisor
Job/Position Title:		
Description of Duties and Responsibilities		
Reason for Leaving:		

Please list all other employment and periods of employment

Employer	City/State	Position Title	From (mo/yr)	To (mo/yr)	Annual Salary	Reason for Leaving

Professional Licensure, Registry and/or Certification

License, Registry, or Certification	*Issuing State or Organization*	*Number*	*Expiration Date*

Professional References

Please list individuals who can attest to your professional abilities and work accomplishments

Name of Reference	*Company*	*Title*	*Phone Number*

As an applicant for employment with Cabrini University, I understand the following:

- ☐ **Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment.**
- ☐ **My employment is contingent upon the successful completion of a background investigation, including reference checks.**
- ☐ **I authorize Cabrini University and any agent acting on its behalf, to conduct such investigation and authorize all previous employers to furnish Cabrini with my reason for leaving, my employment dates and position title(s) and other information regarding my job duties and responsibilities. I release Cabrini and my previous employers from all liability that may arise from such investigation.**
- ☐ **Neither this form nor statements by representatives of Cabrini constitutes an employment contract. Employment with Cabrini is not guaranteed for any term, and the employer or the employee may terminate employment at any time for any reason. No management or academic official is authorized to make any oral assurance or promise of continued employment.**
- ☐ **Upon employment, I must submit appropriate documentation to satisfy the requirement for completing INS Form I-9.**
- ☐ **Upon employment, I also agree to abide by all rules, policies, and procedures and performance standards established by Cabrini College, Management and my immediate supervisor.**

Signature: _____ Date: _____