



EMPLOYMENT APPLICATION
BOX 12257
SEARCY, AR 72149-2257
hr@harding.edu

For Office Use Only
Résumé ___ Letter ___
G ___ M ___ S ___ T ___
Wi ___ Wo ___ DE ___
Other _____

(Federal law recognizes the right of church-related institutions to seek personnel who will support the goals of the institution, including the right to select members of the church to which the institution is related.)

Please complete the application in black or blue ink.

Date _____
Name _____ Social Security No. _____
Street Address _____ E-mail Address _____
City _____ Co. _____ State _____ ZIP Code _____
Home Phone _____ Work/Message Phone _____
Are you a member of the church of Christ? Yes No
What is the name of your place of worship? _____
City _____ Co. _____ State _____ Zip Code _____
Name of one of the elders/ministers _____ Phone _____

Employment Data

Position applied for _____ Date available _____
What is your availability for work? Full-time Part-time Temporary
Have you been employed with Harding before? Yes No
If yes, please complete the following:
Location(s) _____
Dates Employed _____
Reason for Leaving _____

Are you related (by blood or marriage) to anyone now working at Harding? Yes No
If yes, please *identify* the person(s) and *how you are related* _____

If hired, can you provide documentation of eligibility evidence (I-9 Form) to work in the United States within the first three business days of employment? Yes No

Have you ever been convicted of a crime? Yes No
If yes, describe briefly, including date(s). (Conviction will not necessarily disqualify you from employment.)

Name of probation officer _____

Educational Data

Name and Address of School	Major	Did You Graduate?	Degree or Certificate Received
High School/GED _____ _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College _____ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Grad School _____ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Other School(s) _____ _____ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ _____ _____

Office Machines and Office Skills

Designate office equipment you have operated and indicate number of years of experience with each.

- Personal computer Years _____ Which type? _____ Ten-key Calculator Years _____ By touch _____
 Word processor Years _____ Speed (wpm) _____ Other software _____
 Word Years _____ Excel Years _____ PowerPoint Years _____ Other equipment _____

Indicate below other relevant experiences, skills, and qualifications (i.e., word processing/computer software and/or languages).

Work History: If there are more employers than space provided for, please indicate them on an attached sheet.

Current Employer Information

Employer _____ Date Employed _____
 Address _____ Beginning Salary _____ Current _____
 City _____ Co. _____ State _____ ZIP Code _____ Phone _____
 Job Title _____ Supervisor _____
 Work Performed _____

May we contact your current employer? Yes No

If "No", please state reason. _____

Previous Employers

1. Employer _____ Date Employed From _____ To _____
 Address _____ Beginning Salary _____ Ending Salary _____
 City _____ Co. _____ State _____ ZIP Code _____ Phone _____
 Job Title _____ Supervisor _____
 Work Performed _____

Departure Voluntary Involuntary (Please provide an explanation for either category.)

Reason _____

2. Employer _____ Date Employed From _____ To _____
Address _____ Beginning Salary _____ Ending Salary _____
City _____ Co. _____ State _____ ZIP Code _____ Phone _____
Job Title _____ Supervisor _____
Work Performed _____
Departure Voluntary Involuntary (Please provide an explanation for either category.)
Reason _____

3. Employer _____ Date Employed From _____ To _____
Address _____ Beginning Salary _____ Ending Salary _____
City _____ Co. _____ State _____ ZIP Code _____ Phone _____
Job Title _____ Supervisor _____
Work Performed _____
Departure Voluntary Involuntary (Please provide an explanation for either category.)
Reason _____

4. Employer _____ Date Employed From _____ To _____
Address _____ Beginning Salary _____ Ending Salary _____
City _____ Co. _____ State _____ ZIP Code _____ Phone _____
Job Title _____ Supervisor _____
Work Performed _____
Departure Voluntary Involuntary (Please provide an explanation for either category.)
Reason _____

5. Employer _____ Date Employed From _____ To _____
Address _____ Beginning Salary _____ Ending Salary _____
City _____ Co. _____ State _____ ZIP Code _____ Phone _____
Job Title _____ Supervisor _____
Work Performed _____
Departure Voluntary Involuntary (Please provide an explanation for either category.)
Reason _____

Authorization for Reference

For each employer previously named in this application, except my current employer if so limited on this application, I authorize Harding University to obtain from such employer work-related information regarding my qualifications and fitness for all Harding jobs for which I might be considered. I also authorize Harding University to inquire into all statements I have made on this application. I understand and agree that my failure to identify any employer(s) may result in this application not being considered. I authorize Harding University to request character references from the congregation I attend.

Employment is At Will

I also understand that, if employed, I can resign at any time and for any reason and that Harding University may release me at any time and for any reason or no reason.

Employee Handbook

I recognize that, if employed, I am obligated to abide by and am subject to all rules, terms, conditions, and regulations of the Harding University Employee Handbook, as amended from time to time.

Verification of Identity and Work Authorization

I understand that an offer of employment is contingent upon my completing the Homeland Security Employment Eligibility Verification (Form I-9) and providing documents to verify my identity and employment eligibility as required by law on the first day of work. When completing the Form I-9, I understand I will be required to attest that I am a citizen or national of the United States, a lawful permanent resident, or an alien authorized to work. All new employees will be required to produce documentation.

Statements in this Application are True

I attest that all statements made on this application are true and correct. I understand that false statements made intentionally on this form or any of my other application materials would eliminate me from further consideration for employment or, if employed by Harding University, would be grounds for my dismissal.

Applicant's Signature

Date Signed

For your application to be considered, check the following boxes:

- I have completed the application.
- I have signed the application.
- I have signed the Authorization to Release Reference Information form.
- I have signed the Employment Reference form.

Authorization to Release Reference Information

**Reference Not Valid Unless Sent by the Office of Human Resources*

Applicant: Please complete only through your signature.

A reference will be requested once employment is obtained.

Harding University is a Christian university of higher education. The purpose of the University is to give students an education of high quality that will lead to an understanding and philosophy of life consistent with Christian ideals. This is accomplished, in part, by having employees of the highest moral and ethical character.

I, _____ (Print Name of Applicant),

hereby give consent to any Elder, Deacon, Minister or Ministry Leader to provide the information below with regard to my membership at

_____ located in
(Print Name of Congregation)

_____, _____, _____, _____, _____
(Print Name of City) (State) (ZIP) (Phone) (Fax)

I release and indemnify the person giving this recommendation (along with the stated congregation) from all liabilities, claims and actions that may arise from the recommendation given, a disclosure from this authorization, and any consequences to a disclosure.

This consent is valid for a period of six (6) months from the date indicated below. A copy of this form shall serve as an original.

Signature of Applicant: _____ **Date:** _____

(This portion to be completed by an Elder, Deacon, Minister or Ministry Leader.)

The above mentioned person is in good standing with the _____ church of Christ and I would recommend this individual to help Harding in accomplishing her mission.

Yes No Not known well enough to reply Not on membership roll

Signature: _____ **Date:** _____

Minister Elder Deacon Ministry Leader

Please Return to:
Office of Human Resources
Harding University, Box 12257, Searcy, AR 72149-2257
Phone: 501-279-4380 Fax: 501-279-4773



Applicant Data Record

For Office Use Only

Social Security Number	Date of Application
Name (Last) (First) (MI)	Position Applied
Address	Campus
City	Department
State ZIP Code	VP Code
Home Phone ()	EEOC
Business Phone ()	Disposition
Message Phone ()	

How did you learn of employment at Harding? (Check the appropriate line or lines.)

<input type="checkbox"/> Department of Workforce Services	<input type="checkbox"/> Campus posting
<input type="checkbox"/> Harding website	<input type="checkbox"/> Alumni List
<input type="checkbox"/> Referral by Harding employee	<input type="checkbox"/> Referral by Harding student
<input type="checkbox"/> Reputation or knowledge of Harding	<input type="checkbox"/> I am a current or former Harding student
<input type="checkbox"/> Other (please specify) _____	

Survey Information for Statistical Purposes Only

The following information is needed in order for Harding University to provide the required information upon request by the EEOC. We strongly encourage all individuals to answer both questions. Completion of this form will not preclude, enhance, or detract from your opportunities for advancement at Harding University. This data is for Personnel records only. All information will be confidential and will not be made available to those making employment decisions in your case

Please respond to both questions.

1. **Are you Hispanic or Latino?** (This includes anyone of Spanish culture or origin.) Yes No

2. **Select one or more of the following racial groups that apply to you.**

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Signature: _____ Print Name: _____