

# APPLICATION FOR EMPLOYMENT

Return to:	, OK - Aramore, C	JK	
Human Resources One Murray Campus OR	tion BUilding o	R	mail to: urces@mscok.edu
Specific Position or Type of Position Applied	for:		
Full-Time Part-Time	Т	oday's Date:	
LROONAL			
LAST NAME F	RST NAME	N	NIDDLE NAME
ADDRESS	CITY	STATE	ZIP CODE
HOME/CELL PHONE BUS	NESS PHONE	E/	MAIL ADDRESS
ELIGIBILITY FOR EMPLOYMENT			
Have you ever applied for employment with MSC?	Yes No	Month/Year:	
Are you legally eligible for employment in the U.S.?	Yes No		
Do you have a valid driver's license?	Yes No		
Are you able to work a flexible schedule?	Yes No		
Are you fluent in any language other than English?	Yes No	If yes, please specify:	
RELATIONSHIP TO COLLEGE EMPLOYEES			
Are you related in any way to any College employed If yes, list name(s) and relationship(s):	e? Yes No		
*Regional University System Oklahoma & University policy states no two positions in which either one is responsible for making recommendations re either of two persons so related who hold positions in the same internal bu	egarding appointment, emplo dgetary unit be appointed to	yment, promotion, salary an executive or administ	or tenure for the other; nor shall trative position for said internal

grandparent or great-grandparent of spouse; uncle or aunt; uncle or aunt of spouse; brother or sister; son or daughter; son-in-law or daughter-in-law; grandson or

granddaughter or their spouse; great-grandson or great-granddaughter or their spouse.

## **EDUCATION**

Name of School, College, University, & Graduate School (List most recent first)	City, State	Number of Hours Completed	Diploma or Type of Degree Received	Area of Study/Major

Verification of all levels of education are required. Official transcripts, diploma, or certification will be required if offered a position; however,to meet application deadline, copies are acceptable.

## PROFESSIONAL LICENSE/CERTIFICATIONS

Professional License, Registration, or Certification	Date Recieved	License Number if Applicable	Expiration Date	Licensing Agency or Board

List any professional or occupational license, registration, or certification (i.e., Certified Public Accountant, Certified Procurement Officer, etc.) and attach copies.

SPECIAL TRAINING/SKILLS/QUALIFICATIONS						

## **SKILLS INVENTORY**

OOMBUTED OOFTWARE	PROFICIENT	SOME SKILL	NO SKILL	CUCTODIAL CERVICE	PROFICIENT	SOME SKILL	NO SKILL
COMPUTER SOFTWARE				CUSTODIAL SERVICE  Chemical Knowledge			
MS Word				Commercial Cleaning			
Excel				Stripper/Waxer/Buffer			
PowerPoint				Building			
Access MS Outlook				Grounds			
				Other			
Other				·			
CLERICAL (S. 1.1/				MECHANICAL Small Engine			
Accounting/Book Keeping				Heavy Equipment Diesel			
Data Entry				Other			
Editing				-			
Filing				SKILLED CRAFT			
Payroll/Personnel Records				BLueprint Reading			
Notary				Carpentry			
Receptionist				Electrical			
Technical Typing				HVAC			
Other				Painting			
OFFICE MACHINES				Plumbing			
Fax				Roofing			
Telephone System				Water Treatment			
Voicemail				Welding			
Document Scanner				Equipment Repair			
Typing Skill/WPM				Other			
Document Scanner							
Other							
Have you supervised or dire	ected the wo			Yes No			
Would you consider yoursel	f to be comp	outer-litera	te?	Yes No			
Have you used a computer	in the workp	lace?		Yes No			
Years/Months:							
lf any employment was und	ler a differer	nt name, inc	dicate na	me:			
Have you ever been discha	rged or aske	d to resign	from a jo	b? Yes No			
Explain:							

## **EMPLOYMENT HISTORY**

Employer Information:		Supervisor Information	on:		
Name:		Name:			
Address:					
Telephone:		Telephone:			
Cell Phone:		Cell Phone:	_		
Email:		Email:			
Are you still employed with this company?	Yes	No			
If yes, may we contact your present employ	er as a refere	nce? Yes No			
Position Information:		Employment Dates:			
Job Title:	Part-Time	From	To		
Description of Duties and Work Performe					
Number of Employees Supervised:	Ending Sala	ry:	Hours worked per week:		
Reason for Leaving:					
<u> </u>					
EMPLOYMENT HISTORY					
Employer Information:		Supervisor Information	on:		
Name:		Name:			
Address:					
Telephone:					
Cell Phone:		Cell Phone:			
Email:		Email:			
Are you still employed with this company?	Yes 1	No			
	If yes, may we contact your present employer as a reference? Yes No				
Position Information:	ei us u leielei				
	er as a referen	Employment Dates:			
Job Title:			To		
	Part-Time	Employment Dates:	То		
Job Title:	Part-Time	Employment Dates:	To		
Job Title:	Part-Time	Employment Dates:	To		
Job Title:	Part-Time	Employment Dates:	To		
Job Title:	Part-Time	Employment Dates:	То		
Job Title:	Part-Time	Employment Dates:  From	To Hours worked per week:		

## **EMPLOYMENT HISTORY**

Employer Information:		Supervisor Information	on:		
Name:		Name:			
Address:					
Telephone:		Telephone:			
Cell Phone:		Cell Phone:	_		
Email:		Email:			
Are you still employed with this company?	Yes	No			
If yes, may we contact your present employ	yer as a refere	nce? Yes No			
Position Information:		Employment Dates:			
Job Title:RegularTemporaryFull-Time	Part-Time	From	To		
Description of Duties and Work Perform					
Number of Employees Supervised:	Ending Sala	ry:	Hours worked per week:		
Reason for Leaving:					
•					
EMPLOYMENT HISTORY					
Employer Information:		Supervisor Information	on:		
Name:		Name:			
Address:					
Telephone:					
Cell Phone:		Cell Phone:			
Email:		Email:			
Are you still employed with this company?	Yes	No			
If yes, may we contact your present employ		nce? Yes No			
Position Information:		Employment Dates:			
Job Title:	Dt Time	From To			
Description of Duties and Work Perform	Regular Temporary Full-Time Part-Time				
2000p					
Nbar of Employees Supervised	ed:		U		
Number of Employees Supervised:		ry:	Hours worked per week:		

\*\*\* Please read the following information carefully, then sign and date below.

**ACCURACY OF INFORMATION:** By signing this application, I certify that the information supplied in this application and in any other form, oral or written, is true and accurate.

**FALSIFICATION OF INFORMATION:** I understand and agree that any misstated, misleading, incomplete, or false information is grounds for my disqualification from consideration for employment, for withdrawal of any offer of employment if any offer has been made, or for my immediate discharge if employment has already commenced, whenever, and however discovered. I also understand that Section 358(B) of Title 21 of the Oklahoma Statutes prohibits applicants for state employees from making a materially false, fictitious, or fraudulent statement or representation on any employment application, knowing such statement or representation to be materially false, fictitious, or fraudulent. Violation is a criminal offence, punishable by a fine and/or imprisonment.

**VERIFICATION OF INFORMATION:** I hereby authorize Murray State College to verify the information I have provided in my employment application, in my oral statements, and in any other documents or supplemental information I have provided for the purposes of employment. This shall include the authorization to conduct any and all personal background checks, including but not limited to, criminal history and related records, education and employment background records, civilian and military court records, and/or proceedings. I authorize any former employers and job-related references to provide any information requested by Murray State College. I release from liability and hold harmless the State of Oklahoma, Murray State College, the MSC Board of Regents, employees, and attorneys, along with corporation, firm, person, organization, or individual providing information to Murray State College, from any and all claims, liabilities, loss, demands, and causes of action known and unknown, fixed or contingent, equitable, legal or administrative, accrued to me as a result of such disclosure of information concerning me.

**REQUIRED DOCUMENTS:** I understand that if I fail to attach any other required documents, i.e., transcripts, letters of recommendation, etc., listed on a job description for an advertised position, I may be excluded from further consideration.

**EMPLOYMENT ELIGIBILITY:** I understand that if I am hired I will be required to produce proof that I have a legal right to work in the U.S.A. in accordance with the Immigration Reform and Control Act of 1986. This agency verifies the identity and employment eligibility status of all newly hired employees utilizing the Form I–9 verification process as well as the E–Verify Program with the Department of Homeland Security and the Social Security Administration.

**GENERAL:** If selected for employment, I agree to submit to a pre-employment drug/alcohol screen as requested by my employer in conjunction with the hiring process. If selected for employment, I agree to participate in random drug/alcohol screenings as requested. I agree to conform to the policies, procedures, rules, and regulations of Murray State College and the MSC Board of Regents. In connection with being considered for employment, continued employment, promotion, or reassignment, MSC may obtain a consumer report which may include information on the character, general reputation, personal characteristics, and mode of living from public record sources or personal interviews with previous employers or associates. I understand that I have the right, upon written request, to receive a written description of the nature and scope of the investigation requested and a written summary of my rights under the Fair Credit Reporting Act. If consumer information from my credit report or another type of consumer report is used to deny employment or if any other adverse action is taken I understand I will be given the name, address, and phone number of the agency that provided the information.

With this application, I agree to the College's overtime policy for non-exempt employees, which allows giving compensatory time off in lieu of payment of overtime worked. I understand that the position for which I am submitting this application may be at will. The applicant selected for any at-will position will serve at the will of the College. If selected for a position, I understand my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Murray State College or myself. I understand that no representative of the College has any authority to enter into any agreement for continued employment for any specified period of time or to make any agreement contrary to the foregoing. If an employee resigns or is discharged, full payment of unused annual leave (excludes sick leave and personal leave) will be made upon approval of the Vice President for Finance and Administration, provided the employee has worked for a continuous ssix-monthperiod and appropriate notice was given. No payment for annual leave will be authorized for any person who has not completed at least six months of continuous employment at the College. Any compensatory time accrued and not used will be paid the month following final paycheck.

APPLICANT SIGNATURE	DATE	

Application materials received from applicants become the property of Murray State College. Materials for applicants who are not chosen to fill a position will remain on file only for the time limit stipulated in accordance with the State's archival procedures.

Equal Opportunity Statement In Compliance with Title VI of the Civil Rights Act of 1964, Executive Order 11246 as amended, Title IX of the Education Amendments of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, and other Federal Laws and Regulations, Murray State College does not discriminate on the basis of race, color, national origin, sex, sexual identity, sexual orientation, age, religion, handicap, disability, or status as a veteran in any of its policies, practices or procedures, this includes but is not limited to admissions, employment, financial aid, and educational services.

Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681) states: No person in the United States, shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity receiving federal financial assistance..." Murray State College does not discriminate on the basis of sex in its education programs or activities, in compliance with Title IX and the U.S. Department of Education's regulations at 34 C.F.R. §§ 86.1 et seq. Individuals who believe they have been discriminated against on the basis of sex may contact MSC's Title IX Coordinator at 580-387-7131, mgrayemscok.edu, or Murray Hall Administration Building, Suite 104.