

# **EASTERN OREGON UNIVERSITY**



# **EMPLOYMENT APPLICATION**



## KEYS TO COMPLETING THE APPLICATION

*When an announcement closes, applications are reviewed for minimum qualifications. All qualifying experience and training must be included on your application. Only accepted applications (those meeting minimum qualifications) receive further consideration.*

### Carefully read Job announcement

They contain special instruction or requirements, including what it takes to qualify and what to submit - transcripts, skill code sheet, cover letter, etc. Contact EOU Human Resources or Employment division for help.

### Illustrate how your background meets the specific requirements

The application form itself must convey how you meet the requirements listed in the "TO QUALIFY" section. You can attach extra pages if you run out of room on the form. Explain your qualifying experience in the "DUTIES" section. Your job titles can help support what you describe but they are not enough.

### List each job separately

Don't lump jobs together – even if they were with the same organization. Include all relevant experience whether it was paid or unpaid.

### Avoid jargon or acronyms

Convey information in commonly used terms to make the message clear.

### Complete all parts of the application form

Be sure all sections have been filled in. Provide an actual number for the average hours worked per week. If it is less than 40, the length of time in that job will be prorated accordingly. Don't put "varies" as you will not be given credit for that Job. List jobs that are relevant to the position you are applying for.

### Make it legible

Although it doesn't have to be typed for some positions, it does need to be written in ink and readable.

### Sign and date the application form

Your application cannot be accepted without a date and your signature. Staple all supplemental pages to your application form.

### Make a copy of your completed application packet

You will be asked to bring it to interviews or you may want to use it when preparing application in the future.

See the instruction sheet within the application form for additional details

## Tips to remember when responding

### Number your answers to correspond to the questions

If the question has parts a, b, c; answer each number separately.

### Use the word "I"

Don't just write about the process of what "we" did. Tell the grader what you did.

### Avoid vague language

Responses such as, "I was involved in the budgeting process" aren't descriptive enough. What were your duties? What did you do to achieve results? Additionally, jargon and acronyms tend to detract from the clarity of your response.

### Repeat yourself if necessary

Remember, each section of the application is looked at independently. You may need to reiterate information from one entry to another.

### Make it legible

Personnel can't qualify you if they can't read your application.

# Eastern Oregon University Application

## POSITION INFORMATION

Class No.: \_\_\_\_\_ Job Order No: \_\_\_\_\_ Job Title: \_\_\_\_\_

## APPLICANT INFORMATION

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

All future correspondence will be via e-mail unless box is checked.

Message Phone: \_\_\_\_\_

## AVAILABILITY – CHECK ALL THAT APPLY

Full Time     Part Time     Permanent     Seasonal     Temporary     Academic Year

## EDUCATION AND FORMAL TRAINING

Do you have a high school diploma or GED certificate?  Yes  No

Name and location of School	Course of Study/Major	Credit hours Earned	Graduated Yes/No, Date	Degree Earned
1.				
2.				
3.				
4.				

List any courses, vocational training, licenses or certificates that have a bearing on your suitability for this position:

## EMPLOYMENT VERIFICATION

### List your Last Four Employers for Employment Verification Purposes

**(1) Current or last Employer**

NAME OF EMPLOYER::	EMPLOYER'S ADDRESS AND PHONE NUMBER:	
TYPE OF BUSINESS:	SUPERVISOR'S NAME AND PHONE NUMBER:	
YOUR JOB TITLE:	DATES OF EMPLOYMENT : FROM: MONTH/YEAR	TO: MONTH/YEAR

**(2) Next Employer**

NAME OF EMPLOYER:	EMPLOYER'S ADDRESS AND PHONE NUMBER:	
TYPE OF BUSINESS:	SUPERVISOR'S NAME AND PHONE NUMBER:	
YOUR JOB TITLE:	DATES OF EMPLOYMENT : FROM: MONTH/YEAR	TO: MONTH/YEAR

**(3) Next Employer**

NAME OF EMPLOYER:	EMPLOYER'S ADDRESS AND PHONE NUMBER:	
TYPE OF BUSINESS:	SUPERVISOR'S NAME AND PHONE NUMBER:	
YOUR JOB TITLE:	DATES OF EMPLOYMENT : FROM: MONTH/YEAR	TO: MONTH/YEAR

**(4) Next Employer**

NAME OF EMPLOYER:	EMPLOYER'S ADDRESS AND PHONE NUMBER:	
TYPE OF BUSINESS:	SUPERVISOR'S NAME AND PHONE NUMBER:	
YOUR JOB TITLE:	DATES OF EMPLOYMENT : FROM: MONTH/YEAR	TO: MONTH/YEAR

**JOB NUMBER 1:**

NAME OF EMPLOYER:		EMPLOYER'S ADDRESS AND PHONE NUMBER:	
MAY WE CONTACT FOR REFERENCE?		SUPERVISOR'S NAME AND PHONE NUMBER:	
YOUR JOB TITLE:		SUPERVISION / LEADWORK CHECK THE AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR):	TO (MONTH - YEAR):	<input type="checkbox"/> Assigning and Reviewing work	<input type="checkbox"/> Handling Disciplinary problems
		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
FULL TIME OR PART TIME? INDICATE HRS PER WEEK	HOURS WORKED PER WEEK (AVERAGE):	LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND LIST THEIR JOB TYPE:	
DUTIES: List all duties you performed. No credit will be given if this section is not completed. Be specific, include percentage of time spent doing each duty.			

**JOB NUMBER 2:**

NAME OF EMPLOYER:		EMPLOYER'S ADDRESS AND PHONE NUMBER:	
MAY WE CONTACT FOR REFERENCE?		SUPERVISOR'S NAME AND PHONE NUMBER:	
YOUR JOB TITLE:		SUPERVISION / LEADWORK CHECK THE AREAS YOU WERE RESPONSIBLE FOR:	
FROM (MONTH - YEAR):	TO (MONTH - YEAR):	<input type="checkbox"/> Assigning and Reviewing work	<input type="checkbox"/> Handling Disciplinary problems
		<input type="checkbox"/> Rating Work Performance	<input type="checkbox"/> Responding to Grievances
		<input type="checkbox"/> Hiring or Recommending Hiring	<input type="checkbox"/> Not Responsible for Any of Above
FULL TIME OR PART TIME? INDICATE HRS PER WEEK	HOURS WORKED PER WEEK (AVERAGE):	LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND LIST THEIR JOB TYPE:	
DUTIES: List all duties you performed. No credit will be given if this section is not completed. Be specific, include percentage of time spent doing each duty.			

Work history continued in this format on attached sheet(s).

**JOB NUMBER 3:**

NAME OF EMPLOYER:		EMPLOYER'S ADDRESS AND PHONE NUMBER:
MAY WE CONTACT FOR REFERENCE?		SUPERVISOR'S NAME AND PHONE NUMBER:
YOUR JOB TITLE:		SUPERVISION / LEADWORK CHECK THE AREAS YOU WERE RESPONSIBLE FOR:
FROM (MONTH - YEAR):	TO (MONTH - YEAR):	<input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above
FULL TIME OR PART TIME? INDICATE HRS PER WEEK	HOURS WORKED PER WEEK (AVERAGE):	LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND LIST THEIR JOB TYPE:
DUTIES: List all duties you performed. No credit will be given if this section is not completed. Be specific, include percentage of time spent doing each duty.		

**JOB NUMBER 4:**

NAME OF EMPLOYER:		EMPLOYER'S ADDRESS AND PHONE NUMBER:
MAY WE CONTACT FOR REFERENCE?		SUPERVISOR'S NAME AND PHONE NUMBER:
YOUR JOB TITLE:		SUPERVISION / LEADWORK CHECK THE AREAS YOU WERE RESPONSIBLE FOR:
FROM (MONTH - YEAR):	TO (MONTH - YEAR):	<input type="checkbox"/> Assigning and Reviewing work <input type="checkbox"/> Handling Disciplinary problems <input type="checkbox"/> Rating Work Performance <input type="checkbox"/> Responding to Grievances <input type="checkbox"/> Hiring or Recommending Hiring <input type="checkbox"/> Not Responsible for Any of Above
FULL TIME OR PART TIME? INDICATE HRS PER WEEK	HOURS WORKED PER WEEK (AVERAGE):	LIST THE NUMBER OF EMPLOYEES YOU SUPERVISED AND LIST THEIR JOB TYPE:
DUTIES: List all duties you performed. No credit will be given if this section is not completed. Be specific, include percentage of time spent doing each duty.		

Work history continued in this format on attached sheet(s).

## Criminal History Verification

The purpose of the Criminal History Verification is to assist EOU to make an informed decision about candidate qualifications. In assessing the pertinence of a convictions record, the agency will consider such factors as the nature of the crime, when and where it occurred, and the duties of the position for which the application is made.

**Warning:** Falsely responding to any of the question listed below may constitute a basis for disqualification of your application or termination of your employment.

1. Have you ever been convicted of a misdemeanor or felony in the State of Oregon?  Yes  No
2. If convicted in Oregon what is the misdemeanor or felony of which you were convicted?

1. Have you lived outside the State of Oregon any time during the five (5) years prior to today's date?  
 Yes  No

1. Have you ever been convicted of a misdemeanor or felony in a jurisdiction other than Oregon?  
 Yes  No

1. If convicted in a jurisdiction other than Oregon, where did the conviction occur and what is the misdemeanor or felony of which you were convicted?

**Certification and signature:**

I understand that any oral or written statement that is false, fraudulent or misleading that is contained in this application or attached materials or made in the course of any related employment process, whether made by me or by other at my request, will result in rejection or my application, denial of employment or dismissal from Eastern Oregon University if discovered after employment, and/or prosecution for a crime. I further understand that I must prove that I am authorized to work in the United States if I am hired. I authorize Eastern Oregon University to verify the employment and education information provided on this application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Retain a copy of your application**

# AFFIRMATIVE ACTION DATA SHEET

Eastern Oregon University is required by law to maintain accurate application data. We ask applicants to volunteer this information for the success of our Affirmative Action Program. There is no penalty for not completing this

Name: \_\_\_\_\_

Position applied for \_\_\_\_\_

Department: \_\_\_\_\_

U.S. Citizen:  Yes  No If no, Visa type: \_\_\_\_\_

Birth Date: \_\_\_\_\_

## Veteran (IF APPLICABLE)

- Vietnam Era Veteran  
 Disabled Veteran  
 Other

## GENDER

- Male  
 Female

**Vietnam Era Veteran:** A person who: served on active duty for a period of more than 180 days, and was discharged or released there from with other than a dishonorable discharge, if any part of such active duty occurred: a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or b) between August 5, 1964 and May 7, 1974 in all other cases; or was discharged or released from active duty for a service connected disability of any part of such active duty was performed: a) in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or b) between August 5, 1964 and May 7, 1974 in all other cases.

**Disabled Veteran:** A veteran who is entitled to disability compensation under laws administered by the Veterans Administration for a disability, or a person who was discharged or released from active duty because of a service connected disability.

**Other Veteran:** A veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

**DISABLING CONDITION:** A person with a disabling condition is one who 1) has a physical, sensory, or mental impairment which substantially limits one or more major life activities; 2) has a record of such an impairment; or 3) is regarded as having such an impairment. **Qualified Individual with a Disability:** An individual with a disability as defined under the Americans with Disabilities Act who satisfies the requisite skill, experience, education and other job-related requirements of the employment position held or desired and is able to perform the essential functions of that position, either with or without reasonable accommodation.

Yes  No

## ETHNIC BACKGROUND

**Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

**American Indian/Alaskan Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains 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, North Africa.