

University of the Southwest Staff Application for Employment

6610 Lovington Highway
(575) 392-6561

Hobbs, New Mexico 88240
FAX (575) 392-6006

PLEASE PRINT Exercise great care in preparing this form. Information given herein becomes a part of your personnel file.

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone Number _____ Social Security Number _____

Position Applying For: _____

If you are known to schools or references by another name, list name: _____

Have you ever been employed with us before? yes no

If yes, give dates From _____ To _____

Are you legally eligible for employment in this country? yes no
(Proof of U. S. citizenship or immigration status will be required upon employment)

Are you currently employed? yes no

May we contact your current employer? yes no

Are you on lay-off and subject to recall? yes no

Will you work overtime if required? yes no

Will you travel if a job requirement? yes no

Are you able to meet the attendance requirements and/or job-related requirements of this position? yes no

Are you at least 18 years of age? yes no

Do you understand and embrace the USW Mission, personal responsibilities, individual and initiative? yes no
(This information is located in the document "Our Mission.")

Have you ever been convicted of a felony or any sexual, narcotics, or drug offenses (incl. pled guilty or no contest) which has not been annulled, expunged, or sealed by the court?

[] yes [] no

(Such conviction may be relevant if job related, but does not exclude you from employment)

If YES, please explain: _____

Have you ever been suspended or dismissed from a job? [] yes [] no

If YES, please explain: _____

EMPLOYMENT HISTORY

This information will be the official record of your employment history and must accurately reflect all significant duties performed. Summaries of experience should clearly describe your qualifications. List your last (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Please give complete information on full-time and part-time employment.

Employer: _____ Job Title: _____

Mailing Address: _____

City/State/Zip: _____ Telephone No. _____

Immediate Supervisor: _____

May we contact for reference? [] yes [] no

Dates Employed: _____

Summary of work performed and job responsibilities: _____

Explain reason for leaving: _____

Employer: _____ Job Title: _____

Mailing Address: _____

City/State/Zip: _____ Telephone No. _____

Immediate Supervisor: _____

May we contact for reference? [] yes [] no

Dates Employed: _____

Summary of work performed and job responsibilities: _____

Explain reason for leaving: _____

Employer: _____ Job Title: _____

Mailing Address: _____

City/State/Zip: _____ Telephone No. _____

Immediate Supervisor: _____

May we contact for reference? [] yes [] no

Dates Employed: _____

Summary of work performed and job responsibilities: _____

Explain reason for leaving: _____

Employer: _____ Job Title: _____

Mailing Address: _____

City/State/Zip: _____ Telephone No. _____

Immediate Supervisor: _____

May we contact for reference? yes no

Dates Employed: _____

Summary of work performed and job responsibilities: _____

Explain reason for leaving: _____

Have you ever filed suit against an employer? yes no

If yes, what was the general nature of the suit? _____

EDUCATIONAL BACKGROUND

List schools attended, starting with the most recent one.

School	Address	Start and End Date	Degree/ Diploma	Major	Graduation Date

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or termination if I have been employed. I understand that just as I am free to resign at any time, USW reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of USW has the authority to make any assurances to the contrary. I understand that if I am employed by USW, I must comply with its policies, procedures and directives as a condition of employment.

I give USW the right to investigate all references, conduct background checks and to secure additional information about me, if job related. I hereby release USW from liability and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

If a conditional offer is made, I understand that I may be required to have a post offer medical examination before I actually start working to determine whether I am capable of performing the essential functions of the job for which I applied. If the results of a conditional offer medical examination reveal a disability that will affect my ability to perform the essential functions of the job, USW may withdraw the offer of employment if no reasonable accommodation can be made.

University of the Southwest is an Equal Opportunity Employer. Employment decisions at USW are made without regard to race, age, disability, religion color, sex, national origin, or any other basis prohibited by local, state, or federal law. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis prohibited by local, state or federal law. Inquiries regarding USW's non-discrimination policies and practices may be directed to USW's Director of Personnel Services.

I understand that USW will keep the information provided during the employment process confidential to the extent permitted by law. This application, along with any attachments, becomes the property of USW. This application is current for only 90 days. At the conclusion of this time, if I have not heard from USW and still wish to be considered for other employment opportunities, I understand it will be necessary for me to complete a new application.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between USW and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon USW unless made in writing.

Signature of Applicant _____

Date _____

UNIVERSITY OF THE SOUTHWEST
6610 LOVINGTON HIGHWAY
HOBBS, NM 88240
(575) 392-6561
www.USW.edu

**AUTHORIZATION FOR EMPLOYMENT AND BACKGROUND
INVESTIGATION AND VERIFICATION OF INFORMATION**

I, _____, hereby certify that the information contained in my original application was true, accurate and complete to the best of my then knowledge and belief. I understand and agree that any false, willful omission or incorrect information contained in those materials that was relied on by the University of the Southwest in its hiring decision can be cause for termination of my employment if that information was knowingly false, willfully omitted or incorrect at the time I provided it.

I hereby consent to the University of the Southwest and its agents to investigate my work history, education history, prior employment performance, and any other matters reasonably related to a determination of employment. USW, its agents or employees may contact such individuals as it deems necessary to obtain information to assist in making the decision to hire or retain me. Such individuals include, but are not limited to, former employers, references listed by me, educational institutes and other organizations. Any individual or entity contacted by USW, its agents or employees, is hereby authorized, upon receipt of a copy of this release, to discuss any information that they may have that will assist the University of the Southwest in making its final determination. The individual or entity may give an oral, taped, or written statement as well as provide copies of any documents in their possession that directly relate to the matters inquired into by the University of the Southwest. For the purpose of this release, I specifically waive any claim of confidentiality as to the information provided by the individual or entity to the University of the Southwest and waive any liability claim except for deliberately made statements that were untrue and the individual or organization providing the statements knew or reasonably should have known that the statements were untrue.

Confidentiality is not waived as to any other inquiry by any individual or entity, other than USW, requesting reports, records or information concerning me, my employment or education. This release is only for inquiries made by and for the University of the Southwest.

I reserve the right to inspect (and the University of the Southwest hereby agrees to allow such inspection) any and all files created and/or maintained by the University of the Southwest as to any investigation concerning my initial hiring or continued employment. Such inspection shall be allowed during normal office hours following written notification of intent to inspect. The University of the Southwest shall schedule a time and location for inspection within five (5) working days of receipt of request.

I further reserve the right to request a correction of any errors or misstatements that I may find in the file. Such correction shall only occur after written documentation or other evidence has been submitted and reviewed by the University of the Southwest. If the request for correction is denied, the University of the Southwest shall notify me in writing of the denial and the reasons therefore.

I understand that the information contained in my original application materials and the information submitted by me or obtained pursuant to this Release and Verification of Information is confidential and for the exclusive use of the University of the Southwest, its agents and employees, for employment decisions. This information will not be released or transferred to any other person or entity without my written authorization unless required to be disclosed by law or court order. University of the Southwest, its agents and employees, agree not to disclose or release any information without my written authorization and pursuant to my written instructions except as may be court ordered or required by law.

As an employee of University of the Southwest, I declare that I am able to perform the specific job functions of the job that I am currently employed in ____ with ____ without reasonable accommodation. If for any reason I become unable to substantially perform the specific job functions of any job that I hold, I will immediately notify my supervisor.

I agree to submit to a criminal background investigation, to be paid for by the University of the Southwest, if the University becomes aware of facts, circumstances, or conduct that give rise to a reasonable suspicion, as determined by University of the Southwest, that undisclosed aspects of my background might disqualify me from continuing employment with University of the Southwest. The investigation and information obtained shall remain confidential and subject to review and correction as previously set forth.

I understand that if I knowingly and willfully conceal or make a false representation about the above described information I may be disciplined which could include, but is not limited to, being discharged.

Employee/Applicant Signature

Date

Printed Name

University of the Southwest

Date