



AURORA UNIVERSITY

Application  
For  
Employment

**An Equal Opportunity Employer**

*Aurora University does not discriminate in hiring or employment on the basis of race, color, religion, sexual orientation, national origin, sex, disability, or ancestry, or on the basis of age against persons whose age is over 40. No question on this application is intended to secure information to be used for such discrimination.*

Aurora University, 347 South Gladstone Avenue, Aurora, Illinois 60506-4892  
Human Resources Office (630) 844-5493  
E-mail: [hr@aurora.edu](mailto:hr@aurora.edu)

**FULL NAME** \_\_\_\_\_

**DATE** \_\_\_\_\_

Position desired \_\_\_\_\_

Full Time [ ]      Part Time [ ]      Ongoing [ ]      Temporary [ ]

Will you be willing to work weekends? Yes [ ] No [ ]      Evenings? Yes [ ] No [ ]

Preferred days and hours \_\_\_\_\_

When could you begin? \_\_\_\_\_ Salary expected \_\_\_\_\_ per \_\_\_\_\_

Name in full (please print) \_\_\_\_\_ Date \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
(Street) (Apt.#)

Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

Have you ever worked for Aurora University? Yes [ ] No [ ] When? \_\_\_\_\_

Do you have any friends or relatives currently employed by Aurora University? Yes [ ] No [ ]

(If yes, name and department) \_\_\_\_\_

1) Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state the conviction date, the court location (city & state), identify the nature of the offense, and provide the sentence or fine information. \_\_\_\_\_  
\_\_\_\_\_

2) Have you ever been convicted of a misdemeanor (other than a traffic violation)? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, state the conviction date, the court location (city & state), identify the nature of the offense, and provide the sentence or fine information. \_\_\_\_\_  
\_\_\_\_\_

**You are not required, nor will you be asked to report whether you have a sealed conviction or arrest. A conviction will not necessarily result in denial of employment.**

3) Are you legally authorized to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, will you now or in the future require sponsorship for employment visa status? \_\_\_\_\_ Yes \_\_\_\_\_ No

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### CERTIFICATION AND AUTHORIZATION

I certify that the information contained on this form is true, correct and complete to the best of my knowledge. I understand that Aurora University is requiring the above information for the purpose of evaluating me for employment at the University. I also understand that any misrepresentation of my credentials (curriculum vita/resume, official academic transcripts, recommendations); falsification or omission of facts herein or as part of my credentials may be grounds for disqualification or separation from Aurora University.

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

**EDUCATION**

	School and Location	Course or Major	Diploma or Degree
High School			
College			
College			
Other Training			

Why are you interested in working at Aurora University? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VOLUNTEER HISTORY**

Have you ever done volunteer work? Yes [ ] No [ ]  
**(Omit any volunteer work which reflects your race, color, religion, sex, sexual orientation, marital status, or disabilities.)**

If yes, please list any volunteer work starting with the most recent.

Organization	Type of Work	From	To

**EMPLOYMENT HISTORY**

Please list previous employment, starting with the most recent. If attaching a resume, please complete name of company, dates, salary, supervisor' and reason for leaving.

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Name of Company/Institution \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_ Per \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

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Name of Company/Institution \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_ Per \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

Name of Company/Institution \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Name and Title of Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Salary \_\_\_\_\_ Per \_\_\_\_\_

Responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving \_\_\_\_\_

\_\_\_\_\_

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Please request additional paper if more space is needed to cover the past 10 years employment history.

If you are currently employed, may we contact your current employer? Yes [ ] No [ ]

**PROFESSIONAL REFERENCES**

1. Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail \_\_\_\_\_

2. Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail \_\_\_\_\_

3. Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail \_\_\_\_\_

How did you hear about this job opening?

[ ] Newspaper Ad \_\_\_\_\_ [ ] Online Ad/Posting \_\_\_\_\_

[ ] Current Employee \_\_\_\_\_ [ ] Other \_\_\_\_\_

**CERTIFICATION OF INFORMATION AND AUTHORIZATION TO RELEASE INFORMATION**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time lapse before discovery.

I hereby authorize Aurora University to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize my former employers to disclose to the University any and all letters, reports, and other information related to my work record, without giving me prior notice of such disclosure. In addition, I hereby release the University, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that I will be required to provide approved documentation on my first day of work that verifies my right to work in the United States in compliance with the Immigration Reform Control Act of 1986. I also understand that I must provide my Social Security card to verify my name and Social Security number.

I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between the University and me. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time with or without prior notice at the option of either myself or of the University, and that no promises or representations contrary to the foregoing are binding on the University unless made in writing and signed by me and the University's President.

I understand that if employment is gained under this application, I will be required to comply with all Aurora University rules and regulations.

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Signature of Applicant

Date

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(Please print full name)