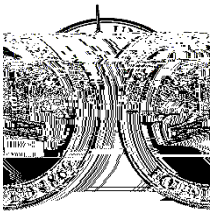
Claflin University



400 Magnolia Street
Orangeburg, South Carolina, 29115
(803) 535-5635

Application for Employment

Claflin University is an Equal Opportunity Employer

I UNDERSTAND CLAFLIN UNIVERISTY IS AN AT-WILL EMPLOYER AND NOTHING COMMUNICATED EITHER VERBALLY OR IN WRITING DURING THE APPLICATION OR INTERVIEW PROCESS CREATES OR BINDS THE UNIVERSITY TO ANY CONTRACTURAL RIGHTS UNDER STATE LAW. NO SUPERVISOR, MEMBER OF MANAGEMENT, OR EMPLOYEE OF THE UNIVERSITY, EXCEPT FOR THE PRESIDENT, HAS AUTHORITY TO BIND CLAFLIN UNIVERSITY TO ANY EMPLOYMENT CONTRACT FOR ANY SPECIFIED PERIOD OF TIME EITHER VERBALLY OR IN WRITING. I UNDERSTAND IF HIRED I CAN TERMINATE MY EMPLOYMENT AT WILL, AT ANY TIME WITH OR WITHOUT ANY NOTICE AND CLAFLIN UNIVERSITY HAS THE SAME RIGHT TO TERMINATE MY EMPLOYMENT AT WILL, AT ANY TIME, WITH OR WITHOUT ANY NOTICE .

Signature: _____ Date: _____

*Please attach your resume and transcripts (if applicable) to this Application

Date of Application: _____

Position Title: _____

Please check all applicable options:

Full-time: _____ Part-time: _____ Temporary: _____

Date available: _____

PERSONAL INFORMATION

Name: _____

Phone: _____
(Please include area code)

Alternate Phone: _____
(Please include area code)

Email address _____

EDUCATIONAL BACKGROUND

Years

EMPLOYMENT HISTORY

Including U.S. Military Service

3 O H D V H P D U N W K H E H V W L R Q I R U / H D Y L Q J ´ T X H V W L R Q L I H P

Employer	Telephone with area Code	
Address	Salary	
Job Title And Duties	Employed (month an year) FROM TO	

Name of Supervisor Reason for leaving:

Employer	Telephone with area Code	
Address	Salary	
Job Title And Duties	Employed (month and year) FROM TO	
Name of Supervisor	Reason for leaving: 1	

Name: _____ Phone: _____

Address:

_____

Title/Position: _____

Name: _____ Phone: _____

Address:

_____

Title/Position: _____

PLEASE READ CAREFULLY

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I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge.

I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal. All the information you give will be considered in reviewing your application and is subject to investigation.

Signature of Applicant: _____ Date: _____

APPLICANT, PLEASE DO NOT WRITE BELOW THIS LINE

INTERVIEW: Yes____ No_____

DATE: _____ TIME: _____

RESULT OF INTERVIEW:

_____

ACCEPTABLE FOR EMPLOYMENT? YES____ NO____

POSITION: _____

STARTING DATE: _____

STARTING RATE: _____

INTERVIEWED BY:

1. _____
2. _____
3. _____
4. _____