



CLARK ATLANTA UNIVERSITY
223 James P. Brawley Drive, S.W. • Atlanta, GA 30314

EMPLOYMENT APPLICATION

**** APPLICATION REQUIRED EVEN IF RESUME IS ATTACHED • PLEASE COMPLETE ALL SECTIONS****

APPLICATION DATE:					
LAST NAME		FIRST NAME		M.I.	
STREET ADDRESS		APT. #	CITY		STATE/ZIP CODE
DAY TIME TELEPHONE NO. ()		HOME TELEPHONE NO. ()		MESSAGE TELEPHONE ()	
POSITION YOU ARE APPLYING FOR:					
		Number		Position Title	
		Number		Position Title	
OFFICE/CLERICAL/ADMINISTRATIVE CANDIDATES MAY BE REQUESTED TO TAKE A SKILLS ASSESSMENT. IF HIRED, YOU MUST SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES.					
ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> NO <input type="checkbox"/> YES APPLICANTS UNDER 18 YEARS OF AGE WHO HAVE NOT GRADUATED FROM HIGH SCHOOL WILL BE REQUIRED TO SUBMIT A WORK PERMIT IF HIRED.					
HOW WERE YOU REFERRED TO CLARK ATLANTA UNIVERSITY? (PLEASE INSERT SPECIFIC INFORMATION)					
<input type="checkbox"/> Walk-In <input type="checkbox"/> CAU Website <input type="checkbox"/> Relative/Friend _____					
<input type="checkbox"/> Advertisement _____ <input type="checkbox"/> Other _____					
HAVE YOU PREVIOUSLY WORKED FOR CLARK ATLANTA UNIVERSITY (CLARK COLLEGE OR ATLANTA UNIVERSITY)?					
NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, WHAT YEAR? _____					
HAVE YOU PREVIOUSLY APPLIED AT CLARK ATLANTA UNIVERSITY?					
NO <input type="checkbox"/> YES <input type="checkbox"/> IF YES, WHAT YEAR? _____					
PLEASE LIST THE NAMES OF RELATIVES EMPLOYED BY CAU? _____					

HAVE YOU EVER BEEN CONVICTED OF, OR ARE YOU AWAITING TRIAL OR CURRENTLY UNDER INDICTMENT FOR, A:					
FELONY? <input type="checkbox"/> NO <input type="checkbox"/> YES* - OR - MISDEMEANOR? <input type="checkbox"/> NO <input type="checkbox"/> YES*					
*IF YES, PLEASE STATE CIRCUMSTANCES, PLACE AND DATE. A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT. DO NOT INCLUDE ANY CONVICTION WHERE THE RECORD HAS BEEN SEALED.					

IF ON PROBATION, PLEASE STATE NAME AND TELEPHONE NUMBER OF PROBATION OFFICER					
_____ () _____					

EDUCATION

	NAME OF SCHOOL/COLLEGE AND ADDRESS	COURSES STUDIED/ MAJOR	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA DEGREE CERTIFICATE
HIGH SCHOOL					
UNDERGRADUATE STUDIES					
GRADUATE STUDIES					
POST GRADUATE STUDIES					
OTHER					
OTHER					

PROFESSIONAL/VOCATIONAL LICENSE(S) AND EXPIRATION DATES:

OTHER EDUCATIONAL AND TRAINING QUALIFICATIONS

(PLEASE INCLUDE FOREIGN LANGUAGE(S) YOU CAN SPEAK AND YOUR SKILL LEVEL.)

PLEASE CHECK EQUIPMENT OPERATED AND INDICATE YOUR SKILL LEVEL WHERE APPROPRIATE

Typewriter <input type="checkbox"/> Typing Speed (Clerical Positions) _____ Calculator <input type="checkbox"/> (by touch) <input type="checkbox"/> FAX Machine <input type="checkbox"/> Copy Machine <input type="checkbox"/> Internet <input type="checkbox"/> Personal Computer <input type="checkbox"/> Data Entry Keystrokes _____ Email <input type="checkbox"/>					
COMPUTER SOFTWARE PLEASE CHECK YOUR SKILL LEVEL AND/OR ENTER THE NAME (S) OF OTHER PROGRAMS NOT LISTED	Computer Software	Basic	Competent	Proficient	Advance
	MS WORD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	EXCEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	POWER POINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	ACCESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	OUTLOOK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	MS PROJECT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BANNER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	DBASE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	PLEASE LIST OTHERS:				

HISTORY OF EMPLOYMENT AND WORK EXPERIENCE

PLEASE INDICATE MOST RECENT EXPERIENCE FIRST INCLUDING U.S. MILITARY SERVICE. THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY, **EVEN** IF YOU ARE ATTACHING A RESUME.

NAME OF EMPLOYER		POSITION or JOB TITLE
ADDRESS		BRIEF STATEMENT OF MAJOR RESPONSIBILITIES
CITY		
SUPERVISOR'S/MANAGER'S NAME & TELEPHONE NUMBER		
HIRE DATE	BEGINNING SALARY	
SEPARATION DATE	ENDING SALARY	REASON FOR LEAVING

NAME OF EMPLOYER		POSITION or JOB TITLE
ADDRESS		BRIEF STATEMENT OF MAJOR RESPONSIBILITIES
CITY		
SUPERVISOR'S/MANAGER'S NAME & TELEPHONE NUMBER		
HIRE DATE	BEGINNING SALARY	
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NAME OF EMPLOYER		POSITION or JOB TITLE
ADDRESS		BRIEF STATEMENT OF MAJOR RESPONSIBILITIES
CITY		
SUPERVISOR'S/MANAGER'S NAME & TELEPHONE NUMBER		
HIRE DATE	BEGINNING SALARY	
SEPARATION DATE	ENDING SALARY	REASON FOR LEAVING

IF THE LAST THREE EMPLOYERS DOES NOT COVER (10) YEARS OF EMPLOYMENT OR YOU NEED ADDITIONAL SPACE, PLEASE REQUEST AN ADDENDUM FORM TO ATTACH TO YOUR APPLICATION. PLEASE CHECK THIS BOX IF YOU HAVE ATTACHED A RESUME OR ADDENDUM.

☐

RESUME/ADDENDUM ATTACHED

CAREER AND PROFESSIONAL ORGANIZATION MEMBERSHIPS

Please list **JOB RELATED** organizations, including clubs, professional societies, or other associations to which you currently belong. Please omit those that indicate your race, religion, color, national origin, ancestry, gender, marital status, disability, age or military affiliation.

PLEASE LIST THREE PROFESSIONAL REFERENCES

Name	Title	Phone #
		()
Address		City/State/Zip
Name	Title	Phone #
		()
Address		City/State/Zip
Name	Title	Phone #
		()
Address		City/State/Zip

APPLICANT'S ACKNOWLEDGEMENT

(Please read and sign)

I acknowledge that an Employer paid Background Investigation and/or Substance Abuse Test is required for all positions at the University. I certify that answers given herein are true and complete to the best of my knowledge. I authorize an investigation of all statements contained in this application for employment, from either current or former employers and a verification of my education degree, training certificate, or license. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false, misleading, or misrepresentation of information given in my application or interview(s) may result in immediate discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant: _____ Date: _____

CLARK ATLANTA UNIVERSITY IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

It is the policy of the University that all faculty and staff employees and applicants receive equal consideration and treatment. All recruitment, hiring, placements, transfers, promotions will be on the basis of qualifications of the individual for the position being filled regardless of race, color, religion, national origin, ancestry, age, sex, marital status, pregnancy, medical condition, non-disqualifying disability or handicap, or whether the individual is a Disabled Veteran of the Vietnam Era. All other terms of employment are governed by this policy.



CLARK ATLANTA UNIVERSITY

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION REQUEST

POSITION YOU ARE APPLYING FOR:

Number

Position Title

We request your voluntary completion of the following questionnaire to be used only for the purpose of monitoring the success of our Affirmative Action Plan. This information will not be used to discriminate against or to show preference for any application in the hiring decision.

NAME: _____

SEX: M ☐ F ☐

BIRTHDATE: _____

SSN: _____ / _____ / _____

CITIZENSHIP: ☐ YES ☐ NO OTHER: _____

Ethnic Data:

- ☐ 3. White (not Hispanic origin; a person having origins in any of the original peoples of Europe, North Africa, or the Middle East)
- ☐ 4. Black (not of Hispanic origin; a person having origins in any of the Black racial groups).
- ☐ 5. Asian or Pacific Islander (a person having origins in any of the original peoples of the Far East, southeast Asia, the India subcontinent or the Pacific Islands. This includes, for example, China, Japan, Korea, India, Pakistan, Bangladesh, Sri Lanka (formerly Ceylon), Nepal, Sikkim, Bhutan, Afghanistan, the Philippine Islands, and Samoa)
- ☐ 6. American Indian or Alaskan Native (a person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition)
- ☐ 7. Hispanic (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)

Veterans Data:

Do you qualify as a Vietnam Era veteran? ☐ Yes ☐ No

Any veteran of the armed services who served on active duty for at least 181 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was discharged honorably or released sooner because of a service related disability qualifies as a Vietnam Era veteran.

Are you considered a disabled veteran by the U.S. Veteran's Administration? ☐ Yes ☐ No

Any person entitled to compensation by the Veteran's Administration for a disability rated at 30 percent or more, or who was discharged or released from active duty by reason of service connected disability qualifies as a disabled veteran.

Handicap Data:

Do you wish to declare yourself as mentally or physically handicapped under our affirmative action plan for the handicapped? ☐ Yes ☐ No

To qualify, you must have a physical or mental impairment which substantially limits one or more major life activities.

- | | | |
|---|---|--|
| <input type="checkbox"/> Speech impairment (S) | <input type="checkbox"/> Hearing impairment (H) | <input type="checkbox"/> Visual impairment (M) |
| <input type="checkbox"/> Multiple disabilities | <input type="checkbox"/> Motor impairment (A) | <input type="checkbox"/> Mental disability (M) |
| <input type="checkbox"/> Other (O) Please specify _____ | | |

Signature of Applicant

Date