



Cheyney University is an equal opportunity employer. It does not discriminate in employment on the basis of race, color, religion, national origin and ancestry, sex, age and disability.

Office of Human Resources
1837 University Circle
P.O. Box 200
Cheyney, PA 19319
(610) 399-2058
(610) 399-2283 Fax
www.cheyney.edu

Application for Employment

The Mission Statement of Cheyney University

Our mission is to prepare confident, competent, reflective, visionary leaders and responsible citizens.

We uphold our tradition of academic excellence as we maintain our historical

commitment to opportunity and access for students of diverse backgrounds.

Cheyney University provides a nurturing, intellectually, challenging, and socially enriching environment.

Name _____ Soc.Sec. _____ / _____ / _____
Last First M.I. (Optional)

ADDRESS _____
Number and Street Apt No. and/or P.O. Box if applicable

CITY/STATE/ZIP CODE _____

AREA CODE/TELEPHONE _____ Day Evening E-mail Address

Are you 18 years old or older? Yes ___ No ___ Are you a licensed driver? Yes ___ No ___

Have you ever been employed at Cheyney? Yes ___ No ___ If yes, please complete the section below.

Name of Supervisor Department From/To

Are you related to a current employee of Cheyney? Yes ___ No ___ If yes, who?

Name Department

How were you referred to Cheyney University

- Job Posting CU Employee State Employment Service
 Advertising College Website Other Website _____

Other _____

CHECK POSITION DESIRED:

Full-Time Part-time Day Evening Temporary Teaching Only: Credit Non-Credit

Teaching Faculty _____ Counseling Faculty Library Faculty
Discipline (s)

Administrative/Professional/Tech/Support Staff _____
Position applied for

Expected Salary _____ Date Available for Work _____

Are you authorized to work in the U.S.? Yes ___ No ___

Can you, after employment, provide verification of your legal right to work in the U.S.? Yes ___ No ___

Have you ever been convicted of a felony? Yes ___ No ___ If yes, please explain:

MILITARY SERVICE:

Type of discharge Honorable General (under what conditions) _____ Dishonorable

Branch of Service _____ Induction Date _____ Discharge Date _____

Highest Rank _____ Reserve Status _____

EMPLOYMENT

(List most current or present employer first)

Company Name	May we contact this employer? yes___ no___	Telephone ()
Address		Employed - (month / year) From TO
Name of Supervisor		Annual Salary
Job Title / Describe Your Work (Do not state "see resume")		Reason for Leaving
Company Name	May we contact this employer? yes___ no___	Telephone ()
Address		Employed - (month / year) From TO
Name of Supervisor		Annual Salary
Job Title / Describe Your Work (Do not state "see resume")		Reason for Leaving
Company Name	May we contact this employer? yes___ no___	Telephone ()
Address		Employed - (month / year) From TO
Name of Supervisor		Annual Salary
Job Title / Describe Your Work (Do not state "see resume")		Reason for Leaving
Company Name	May we contact this employer? yes___ no___	Telephone ()
Address		Employed - (month / year) From TO
Name of Supervisor		Annual Salary
Job Title / Describe Your Work (Do not state "see resume")		Reason for Leaving

EDUCATION

School	Name and Location	Major Subject	Graduate? Yes/No	Degree/Diploma Received
High School/GED				
College Undergraduate				
College Graduate				
College Doctoral Studies				
Other				

SPECIAL SKILLS:

- Typing (wpm) _____
 Data Entry (wpm) _____
 MS Access
 PowerCampus
 AS400:
 SQL
- Shorthand (wpm) _____
 MS Word
 MS PowerPoint
 PowerFaids
 Query
 ODBC
- Telephone Console _____
 MS Excel
 SAP
 RPG
 Cobol

Other equipment or software _____

Computer Programming: Language(s) _____

Other Skills, Machines _____

Trade or Craft _____

Licenses/Certifications:

Please indicate type and expiration date.

- LSW _____
 Health Careers Certification _____
- LISW _____
 Educational Certification(s) _____
- Other _____

OTHER QUALIFICATIONS/PUBLICATIONS/PROFESSIONAL AFFILIATIONS:

List other skills, qualifications or training that are pertinent to the job for which you are applying:

REFERENCES

Please do not list relatives

Name	Present Address	Occupation	Phone Number	Years Known
<hr/>				
<hr/>				
<hr/>				

APPLICANT'S SIGNATURE: _____

Please read and understand this statement before signing your application:

The information I have provided in this application for employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate discipline, up to and including termination of my employment at Cheyney University.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and references I provided, and any other parties necessary to verify the accuracy of information I disclosed in this application. Further, I authorize Cheyney University, or its agent, to conduct whatever additional investigation (e.g., educational verification, criminal check, motor vehicle record, and credit check) which may be needed to obtain or verify information regarding my application, resume, or any other materials concerning my qualifications for employment. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in six months. After that date, unless otherwise notified or the position has been filled, I understand that my status as an applicant will end. I may reapply for employment in the future by completing a new application.

I fully understand and accept all terms and conditions in the above statement.

Date

Signature