



Application For Employment

NIAGARA UNIVERSITY is an equal opportunity employer. Consistent with our Catholic mission, Niagara University is committed to providing equal employment and educational opportunities and will not discriminate on the basis of race, age, sex (gender), national origin, religious preference, sexual orientation, predisposing genetic characteristic, status as veteran or disability.

(Please Print)

Positions(s) Applied for:		Date of Application	
Last Name	First Name	Middle Name	
Street	City	State	Zip Code
Telephone Number	Cell Phone Number	Social Security Number	
E-Mail Address			
How Did You Learn About Us?			
<input type="checkbox"/> NU Website	<input type="checkbox"/> NU Employee	_____	
<input type="checkbox"/> Advertisement/Website	<input type="checkbox"/> Referral	_____	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Other	_____	

Is additional information relative to a name change, or your use of an assumed or different name necessary to enable us to check your work or education records: If yes, please explain _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
If under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before? Give date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with us before? Date _____ Position _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally authorized to work for all employers in the United States? If not, please explain: <i>(Proof of authorization to work in the United States will be required upon employment)</i> _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
On what date would you be available to work?	
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job required it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid Motor Vehicle Operator's License? State _____ ID Number _____ Expiration Date _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment History

Start with your present or last job. Include any job-related military service assignments and volunteer activities

Employer	Address	Telephone Number (s)
Job Title		
Dates Employed: From _____ To _____	Supervisor	
Final Salary	Reason for Leaving	May We Contact Employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Address	Telephone Number (s)
Job Title		
Dates Employed: From _____ To _____	Supervisor	
Final Salary	Reason for Leaving	May We Contact Employer <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Address	Telephone Number (s)
Job Title		
Dates Employed: From _____ To _____	Supervisor	
Final Salary	Reason for Leaving	May We Contact Employer <input type="checkbox"/> Yes <input type="checkbox"/> No

If you need additional space, please continue on a separate sheet of paper.

Specialized Skills

Check Skills / Equipment Operated

- | | | | |
|------------------|----------------|----------------------|-----------------|
| _____ Access | _____ Word | _____ Electrical | _____ Plumbing |
| _____ Excel | _____ Internet | _____ HVAC | _____ Carpentry |
| _____ PowerPoint | _____ PC | _____ General Repair | _____ Other |

Certification/Licenses

- | | | | |
|-----------|---------------------------------|--|----------------------------------|
| _____ LPN | _____ CPR/First Aid | _____ Journeyman Level /Skilled Trades | Trade _____ |
| _____ RN | _____ NYS Teacher Certification | _____ Stationary Engineer | _____ NYS Security Guard License |
| _____ EMT | | | |

Education

High School		Name and Address of School	
Course of Study	Years Completed	Diplomas Degree	
Undergraduate College		Name and Address of Institution	
Course of Study	Years Completed	Diploma Degree	
Graduate Professional		Name and Address of Institution	
Course of Study	Years Completed	Diploma Degree	
Other (Specify)			

Professional References

Name		Address	
Telephone Number	Cell Phone Number	Email	
How long have you known them?	In what capacity?		
Name		Address	
Telephone Number	Cell Phone Number	Email	
How long have you known them?	In what capacity?		
Name		Address	
Telephone Number	Cell Phone Number	Email	
How long have you known them?	In what capacity?		

Additional Information

You may exclude memberships which would reveal gender, sexual orientation, race, religion, national origin, age, ancestry, disability or other lawfully protected status.

List professional, trade, business or civic activities and offices held.
Other Qualifications: Summarize job-related skills, training, and qualifications acquired from employment or other experience.
Professional Publications or Articles

Applicant's Statement

CONDITIONS FOR EMPLOYMENT

Please read the following statements carefully as they constitute conditions for employment:

1. The information that I have provided on this application is accurate and true to the best of my knowledge.
2. I affirm that I have read this completed application and I have not withheld any information or response to any questions and that the information I have furnished is true and correct. I understand that any misrepresentation or omission of a fact on my application or during the interview or hiring process regardless of when such misrepresentation or omission is discovered, may result in the refusal of employment, or if employed, immediate termination.
3. The persons, schools, current and prior employers (if approved by me in the Employment Record section), and other organizations or employers named in this application were authorized by me to verify the information I have provided to the University with information that may be requested by it to arrive at an employment decision. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools current and prior employers and other organizations from any liability arising from the disclosure of any of the above information whether in writing or orally, and further waive and release the University from any liability arising from reliance on the aforementioned information or the use, use publication, or retention of such information within the context of its applicant review procedures.
4. I agree to protect the University's confidential information, proprietary information, names and addresses of clients, students and employees.
5. I will be able, if hired, to certify that I am authorized to work in the United States of America, and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.
6. I authorize the University to perform a motor vehicle records check and/or a criminal background investigation.
7. In the event that I am employed, I agree to conform to the University's rules and regulations, I understand and agree that if I am employed, I shall be employed on an at-will basis. I understand and agree that, although over the course of my employment, other terms and conditions of my employment may change, the at-will term of my employment will not change. I understand that no representative of the University has any authority to make an agreement contrary to the foregoing.

Signature of the Applicant

Date

EQUAL OPPORTUNITY - AFFIRMATIVE ACTION RECORD

Niagara University is an EEO/Affirmative Action Employer

Completion of this form is voluntary

Dear Applicant:

Niagara University is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Optional: Name _____
(* would be helpful in the identification of your resume)

Required: Position applied for _____ Date _____

Please check appropriate boxes below:

1. *For non-Hispanics only:*
- | | |
|---|--|
| <input type="checkbox"/> Non-Resident Alien (of any race/ethnicity) | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Hispanic or Latino of any race | <input type="checkbox"/> Asian |
| | <input type="checkbox"/> Black or African American |
| | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| | <input type="checkbox"/> White |
2. Veteran of the Vietnam-Era (US Military) Disabled Veteran (US Military)
- Recently Separated Veteran (US Military) Recipient - Armed Forces Services Medal
- Other Eligible Veteran (see back for definition)
- Not a Veteran of the US Military
3. Male Female
4. Legally Authorized to Work in the United States

From what source did you learn of this position? _____

If by advertisement/website, please name _____

DEFINITIONS

VETERAN CATEGORIES:

A "veteran of the Vietnam era" is defined as a person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed between August 5, 1964 and May 7, 1975.

A "Veteran with Disabilities" includes all veterans with service-connected disabilities.

"Other Eligible Veterans" includes (1) veterans who served in a 'war' – veterans with active duty between December 7, 1941 and April 28, 1952 and (2) veterans who served in campaign or on an expedition for which a campaign badge, a service medal, or an expeditionary medal has been awarded.

"Recently Separated Veteran" includes any veteran during a three-year period on the date of such veteran's discharge or release of active duty.

"Recipient of Armed Forces Services Medal" those "veterans who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985. Veteran may be asked to provide a copy of DD Form 214, Certificate of Release or Discharge from Active Duty.

RACE/ETHNICITY CATEGORIES:

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race.

White (not Hispanic or Latino) - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East, or North America.

Black or African American (not Hispanic or Latino) – a person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) – a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) – a person have origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native (not Hispanic or Latino) – a person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.