
Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

Please complete this application for all types of employment at SIUE.

Southern Illinois University Edwardsville is ***An Equal Opportunity/Affirmative Action Employer.***

The following applies to Civil Service positions only:

- All positions under the State Universities Civil Service System of Illinois will be filled in accordance with its regulations. All Human Resource processes shall be conducted without regard to race, creed, color, national origin, sex, age, handicap, marital status or other criteria prohibited by law.
- If you are a veteran, you may be eligible to receive veteran points on Civil Service exams. It is your responsibility to provide a copy of your discharge papers (DD214).

Please answer each question completely, accurately and honestly. The information contained herein will be considered confidential and is, together with all attachment papers, references, etc., the property of the University.

General Information

Name: _____
(Title) (First) (Middle) (Last) (Suffix)

Street Address: _____
(Address 1) (Address 2) (City) (State) (Zip Code)

Primary Phone Number: _____ Work Phone Number: _____

Email Address: _____ Alternate Email Address: _____

Are you a current SIUE employee? _____ Are you a former SIUE employee? _____

Are you a current SIUE student? _____ Are you a former SIUE student? _____

Have you previously applied for a position with SIUE? _____

If yes to any of the above, what is your Banner ID number: _____

What type of employment do you desire? Select as many as apply:

Full-Time Part-Time Permanent Temporary

Please check at which campus you will accept work. Select as many as apply:

Edwardsville Campus E. St Louis Campus & Centers Alton Campus

Are you a U.S. veteran? _____ If yes, What type of discharge: _____

Dates of Service : From: _____ To: _____

Educational History (Starting With Most Recent)

FOR AN ADMINISTRATIVE PROFESSIONAL POSITION, AN OFFICIAL DEGREE-BEARING TRANSCRIPT OF YOUR HIGHEST ACCREDITED DEGREE MAY BE REQUIRED FOR EMPLOYMENT. IF SO, IT MUST BE SENT DIRECTLY TO SIUE FROM THE INSTITUTION WHICH GRANTED YOU THE DEGREE.

School Type: _____ **School Name:** _____

School Address: _____
(Street and Number) (City) (State) (Zip Code)

Attendance Start Date: _____ **Attendance End Date:** _____ **Credit Hours Earned:** _____

Did you graduate? _____ **Degree Type:** _____ **Degree Name:** _____

School Type: _____ **School Name:** _____

School Address: _____
(Street and Number) (City) (State) (Zip Code)

Attendance Start Date: _____ **Attendance End Date:** _____ **Credit Hours Earned:** _____

Did you graduate? _____ **Degree Type:** _____ **Degree Name:** _____

School Type: _____ **School Name:** _____

School Address: _____
(Street and Number) (City) (State) (Zip Code)

Attendance Start Date: _____ **Attendance End Date:** _____ **Credit Hours Earned:** _____

Did you graduate? _____ **Degree Type:** _____ **Degree Name:** _____

School Type: _____ **School Name:** _____

School Address: _____
(Street and Number) (City) (State) (Zip Code)

Attendance Start Date: _____ **Attendance End Date:** _____ **Credit Hours Earned:** _____

Did you graduate? _____ **Degree Type:** _____ **Degree Name:** _____

Employment History (Starting With Most Recent)

PLEASE LIST YOUR EMPLOYMENT HISTORY, INCLUDING MILITARY SERVICE. BEGIN WITH YOUR PRESENT OR MOST RECENT JOB. ALSO LIST PERIODS OF UNEMPLOYMENT OF TWO OR MORE MONTHS. RELEVANT VOLUNTEER EXPERIENCE SHOULD BE INCLUDED. USE ADDITIONAL SHEET(S) IF NECESSARY.

Is this your current employer? _____ **Organization Name:** _____

Work Address: _____

(Street and Number) (City) (State) (Zip Code)

Start Date: _____ **End Date:** _____

Time Worked Years/Months: _____

Full-Time/Part-Time? _____ **Hours worked per week:** _____

Job Title: _____ **Reason for leaving:** _____

Supervisor Name: _____ **Supervised Staff:** _____ **Number Supervised:** _____

Supervisor Phone Number: _____ **Supervisor Title:** _____

Duties: _____ **May we contact this Employer?** _____

Is this your current employer? _____ **Organization Name:** _____

Work Address: _____

(Street and Number) (City) (State) (Zip Code)

Start Date: _____ **End Date:** _____

Time Worked Years/Months: _____

Full-Time/Part-Time? _____ **Hours worked per week:** _____

Job Title: _____ **Reason for leaving:** _____

Supervisor Name: _____ **Supervised Staff:** _____ **Number Supervised:** _____

Supervisor Phone Number: _____ **Supervisor Title:** _____

Duties: _____ **May we contact this Employer?** _____

Is this your current employer? _____ Organization Name: _____
Work Address: _____
(Street and Number) (City) (State) (Zip Code)
Start Date: _____ End Date: _____
Time Worked Years/Months: _____
Full-Time/Part-Time? _____ Hours worked per week: _____
Job Title: _____ Reason for leaving: _____
Supervisor Name: _____ Supervised Staff: _____ Number Supervised: _____
Supervisor Phone Number: _____ Supervisor Title: _____
Duties: _____ May we contact this Employer? _____

Is this your current employer? _____ Organization Name: _____
Work Address: _____
(Street and Number) (City) (State) (Zip Code)
Start Date: _____ End Date: _____
Time Worked Years/Months: _____
Full-Time/Part-Time? _____ Hours worked per week: _____
Job Title: _____ Reason for leaving: _____
Supervisor Name: _____ Supervised Staff: _____ Number Supervised: _____
Supervisor Phone Number: _____ Supervisor Title: _____
Duties: _____ May we contact this Employer? _____

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Work Address: _____
(Street and Number) (City) (State) (Zip Code)
Start Date: _____ End Date: _____
Time Worked Years/Months: _____
Full-Time/Part-Time? _____ Hours worked per week: _____
Job Title: _____ Reason for leaving: _____
Supervisor Name: _____ Supervised Staff: _____ Number Supervised: _____
Supervisor Phone Number: _____ Supervisor Title: _____
Duties: _____ May we contact this Employer? _____

Is this your current employer? _____ Organization Name: _____
Work Address: _____
(Street and Number) (City) (State) (Zip Code)
Start Date: _____ End Date: _____
Time Worked Years/Months: _____
Full-Time/Part-Time? _____ Hours worked per week: _____
Job Title: _____ Reason for leaving: _____
Supervisor Name: _____ Supervised Staff: _____ Number Supervised: _____
Supervisor Phone Number: _____ Supervisor Title: _____
Duties: _____ May we contact this Employer? _____

Is this your current employer? Organization Name:

Work Address: _____

 (Street and Number) (City) (State) (Zip Code)

Start Date: **End Date:**

Time Worked Years/Months:

Full-Time/Part-Time? Hours worked per week:

Job Title: _____ **Reason for leaving:** _____

Supervisor Name: _____ **Supervised Staff:** _____ **Number Supervised:** _____

Supervisor Phone Number: _____ **Supervisor Title:** _____

Duties:	May we contact this Employer?
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Licensure/Certification/Issuance

LIST THE FIELD(S) OF WORK FOR WHICH YOU ARE LICENSED, REGISTERED OR CERTIFIED, GIVING DATE(S) AND SOURCE(S) OF ISSUANCE:

Office Technology Skills:

- 1) List office equipment you are proficient with- _____
 - 2) List office-related skills you possess - _____
 - 3) List software applications you are proficient in - _____
 - 4) List computer languages you have programmed in - _____
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Current Memberships in Professional & Civic Organizations:

(Please include or attach a separate list if necessary.) _____

Publications & Papers Read at Professional Meetings:

(Please attach a separate list.) _____

Professional Licensure/Certification:

(Please attach legible copies of all current professional licenses.) _____

PRE-EMPLOYMENT STATEMENT

The statements that I have made in this application, including all other materials submitted for consideration, are true and complete to the best of my knowledge, and I understand that any alteration or concealment of a material fact will result in my disqualification before appointment or dismissal after appointment. I, authorize investigation of all statements contained in this application for employment as may be necessary in the judgment of SIUE in arriving at an employment decision. This includes authorizing SIUE to investigate all references and to secure additional information about me if related to this employment application. I further authorize SIUE to contact law enforcement agencies with regard to criminal records information and consumer reporting agencies with regard to credit and character information. I understand that such inquiries may be made during the processing of my application for employment. Further, I release from liability the Board of Trustees of Southern Illinois University governing Southern Illinois University Edwardsville, and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

By submitting this application electronically without my signature, I acknowledge that Southern Illinois University Edwardsville did not inquire about and I did not provide any information regarding conviction/arrest records that have been sealed or expunged.

I also affirm that I have not withheld any information asked for and that the statements made in this application are true and correct.

Any misrepresentation or falsification, intentional or unintentional, of information on this application may result in non-hire or termination.

Date: _____

Signature: _____

Applicant's Name: _____

The SIUE Annual Security and Fire Safety Report is available online at <http://www.siu.edu/securityreport>. The report contains campus safety and security information, crime statistics, fire safety policies, and fire statistics for the previous three calendar years. This report is published in compliance with Federal law, titled the "Jeanne Clery Disclosure of Campus Security Policy and Campus Crime Statistics Act" and the Higher Education Opportunity Act also known as the "Campus Fire Safety Right to Know." For those without computer access, a paper copy of the report may still be obtained, with a 24-hour notice, from the Office of the Vice Chancellor for Administration, Rendleman Hall, Room 2228, 618-650-2536.