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

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**Name:** (last): \_\_\_\_\_ (first): \_\_\_\_\_ (m.i.): \_\_\_\_\_  
**Home Street Address:** \_\_\_\_\_  
**City, State & Zip:** \_\_\_\_\_  
**Personal Phone No.:** \_\_\_\_\_ **Personal E-mail:** \_\_\_\_\_  
**Business Phone No.:** \_\_\_\_\_ **Business E-mail:** \_\_\_\_\_

**Emergency Contact:**

**Relationship:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Current Memberships in Professional & Civic Organizations:** (Please include or attach a separate list)

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**Publications & Papers Read at Professional Meetings:** (Please attach a separate list.)

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**Professional Licensure:** (Please attach legible copies of all current professional licenses.)

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**Please explain your education and/or work experience relevant to this volunteer opportunity. Please include any relevant educational institution and/or business name and contact information.**

**Comments:**

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 be obtained, with a 24-hour notice, from the Office of the Vice Chancellor for Administration, Rendleman Hall, Room 2228, 618-650-2536.

**Certification of Applicant:** 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 hereby authorize Southern Illinois University Edwardsville and its representatives to investigate my background. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release Southern Illinois University from any and all liability which may be incurred as a result of collecting and considering such information. I understand that all reference responses are confidential and are not available to my inspection.

I certify that all of the statements made in this application are true, correct and complete, to the best of my knowledge and are made in good faith. I understand that misinformation or omission of information would result in the disqualification from the application process and/or termination.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_