

## **CAMERON UNIVERSITY APPLICATION FOR EMPLOYMENT**

## Human Resources Department 2800 W. Gore Blvd. Lawton, OK 73505 (580)581-2245

Instructions: Complete the application electronically, then print it for signature. Return completed and signed application, as instructed on the job posting. A resume may be attached, but will not be accepted in place of the Cameron University application.

POSITION INFORMATION												
Today's Date Position applying												
Date Available to Start Work Specify Days and Hours Available to Work												
PERSONAL INFORMATION												
Last Name First Name Middle Cameron ID#												
Street Address				City, State			Zip code	Country				
Previous A	ddress (If current in I	ess than 5 yea	ars)		Applicant E-mail Address							
Home Pho	ne	Cell Phone				Best time to Contact						
Emergency	Contact Name, Rela	Address					Phone					
Are you Ov minimum I		to verificati	erification that you are of List any relatives University			currently working for Cameron						
	C Yes	C No	)									
EDUCATION INFORMATION												
	School / Institution	n City	State	Dates Attended	Did you Graduate / Complete	Туре	of Certificate, Diploma,	Degree, GED	Courses or Major			
High School / GED												
Vocational School												
College or University												
College or University												
Other												
Other												
List Scholastic Achievements												
MILITARY INFORMATION												
Have you s	erved the U.S. Arme				Branch Ser	ved						
C Yes C No												
Are you a member of the :												
© ROTC © RESERVES © NATIONAL GUARD												
List Service Schools or Special Experience												

EMPLOYMENT HISTORY											
*** List n	nost recent o	employer	first and work your way backwards								
Employe	er Name an	d Addres	SS		Employer Phone						
Date of Employment			Starting Title	Ending Title		Starting Salary	Ending Salary				
	Month	Year	Duties								
From To											
_	or's Name	/ Title			Phone						
Reason	for Leaving				May we contact this Employer?						
					O YES O NO						
Employe	er Name an	d Addres	ss		Employer Phone						
Date of	Employme	nt	Starting Title	Ending Title		Starting Salary	Ending Salary				
	Month	Year	Duties								
From	- Wienen		Julies								
То	_										
Supervis	or's Name	/ Title				Phone					
Reason	for Leaving				May we contact this Employer?						
					C YES C NO						
Employe	er Name an	d Addres	ss		Employer Phone						
Date of	Employme	nt	Starting Title	Ending Title		Starting Salary	Ending Salary				
	Month	Year	Duties	Duties							
From To											
_	or's Name	/ Title			Phone						
Reason	for Leaving				May we contact this Employer?						
					C YES C NO						
Employe	er Name an	d Addre	SS		Employer Phone						
Date of	Employme	nt	Starting Title Ending Title			Starting Salary	Ending Salary				
	Month	Year	Duties			I					
From											
To Supervis	or's Name	/ Title				Phone					
•	for Leaving				May we contact this Employer?						
neasuii	ioi reaviilg				YES O NO						
PLEASE READ THE FOLLOWING CAREFULLY, THEN SIGN AND DATE											
This application will be given every consideration, but its receipt does not imply that the candidate will be employed. All information provided in support of my application for employment is true and current and no attempt has been made to conceal or withhold pertinent information. I agree that any omission, falsification, or misrepresentation is cause for my immediate termination at any time during my employment or removal from the application process. I also fully understand the job duties required in this position and feel that I can perform all of these duties without a reasonable accommodation.											
In connection with this request, I authorize enforcement agencies and former employees to release information they may have about me, and release them from liability and responsibility from so doing. This authorization, in original, electronic reproduction (fax, e-mail) and copy form, shall be valid for this and any future reports may be requested.											
I hereby authorize Cameron University to conduct an investigation of all statement at this time with no liability arising there from.											
APPLICA	NT SIGNAT	TURE		# DATE							