



FAIRLEIGH DICKINSON UNIVERSITY

Metropolitan Campus, Teaneck, NJ

College at Florham, Madison, NJ

University Employment Office

1000 River Road, Teaneck, NJ 07666

Application for Temporary Employment

Prospective employees will receive consideration without discrimination because of race, creed, color, gender, age, national origin, disability, sexual orientation or veteran status.

P E R S O N A L	Last Name		First	Middle	Date
	Street Address				Home Phone ()
	City, State, Zip				Business Phone ()
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Verification will be required upon employment.				
	Other Names Used _____ If under 18 years of age, you must provide working papers.				
What Caused You to Apply to F.D.U.?					
<input type="checkbox"/> Agency _____ <input type="checkbox"/> F.D.U. Employee-Name _____ <input type="checkbox"/> Newspaper _____ <input type="checkbox"/> Other _____ <small>Name of Paper</small>					

E M P L O Y M E N T	Position Desired: _____ Reg. Full Time <input type="checkbox"/> Reg. Part Time <input type="checkbox"/> Temp. <input type="checkbox"/>				
	Salary Desired: _____		Shift Preference: Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/>		
	Date You Can Start: _____		Are You Now Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Have you ever been employed by F.D.U. <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES", give dates, department.				

E D U C A T I O N		Name and Location of School	Did You Graduate?	Major	Degree
	High School		Y__ N__		
	College		Y__ N__		
	Graduate School		Y__ N__		
	Other		Y__ N__		

M I S C	U.S. Military Service	No	Yes	Branch	Date from	Date to	Rank

R E F	REFERENCES – DO NOT LIST RELATIVES OR PREVIOUS SUPERVISORS		
	Name and Address	Occupation	Phone Number

List below present and past employment, beginning with your most recent:

I	Name and Address of Company and Type of Business	From		To		Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		State your Job Title and describe the work you did. (Do not just attach or reference resume):							
	Telephone								

II	Name and Address of Company and Type of Business	From		To		Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		State your Job Title and describe the work you did. (Do not just attach or reference resume):							
	Telephone								

III	Name and Address of Company and Type of Business	From		To		Starting Salary	Ending Salary	Reason for Leaving	Name of Supervisor
		Mo.	Yr.	Mo.	Yr.				
		State your Job Title and describe the work you did. (Do not just attach or reference resume):							
	Telephone								

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signature: _____

May we contact your present employer? Yes No

IV	SKILLS/LICENSES: Please Check
	<input type="checkbox"/> Black Seal <input type="checkbox"/> Other <input type="checkbox"/> Computer Software: _____
	List any other certification or licensing in professional, para-professional or skilled trades field: _____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY

By my signature below, I affirm that I have read and understand this application, that I have not withheld any information requested, and that the statements I have made are true and correct. I understand that if I am employed, any false statements will be considered as cause for termination. I also understand that a background investigation/reference check may be done and my potential employment is contingent upon the accuracy of the facts I have presented. If accepted for employment, I understand that as an **employee at will**, my employment can be terminated at any time, with or without cause or notice by either myself or the university. (**At will** employment does not apply to faculty positions.)

_____ Sign here: _____
 Date Name