

Return to: Human Resources OR Administration Building, 309 OR email to: hr@se.edu
 425 W. University Blvd. University Blvd. & 7th Avenue **fax: (580) 745-7484**
 Durant, OK 74701-3347

*All applications submitted must be signed on the appropriate signature line by the applicant, regardless of the delivery method. Applications should be submitted by email, FAX, mail or personal delivery. Unsigned or incomplete applications will **not** be considered.*

PLEASE TYPE OR PRINT IN INK Date of Application: _____ Date Available for Employment: _____

PERSONAL

Name as shown on Social Security Records: _____		
(last)	(first)	(middle)
Mailing Address: _____		
City, State, Zip: _____		
Home Phone: _____	Cell Phone: _____	Business Phone: _____
E-mail Address: _____		

POSITION

Specific position sought: _____
Where did you hear of this opening? <input type="checkbox"/> Job Board <input type="checkbox"/> Website <input type="checkbox"/> Word of mouth <input type="checkbox"/> Campus distribution <input type="checkbox"/> Publication, please list _____
Are you willing and able, with or without accommodation, to perform necessary job-related travel? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid current Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No

ELIGIBILITY FOR EMPLOYMENT

Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Documentation of identity and employment eligibility must be provided upon hire as required by the Immigration Reform and Control Act of 1986</i>

RELATIONSHIP TO UNIVERSITY EMPLOYEES

Are you related in any way to any University employee (includes in-laws)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, list name, relationship & department _____
Regional University System Oklahoma & University policy states no two persons who are related by consanguinity or affinity within the third degree shall be given positions in which either one is responsible for making recommendations regarding appointment, employment, promotion, salary or tenure for the other; nor shall either of two persons so related who hold positions in the same internal budgetary unit be appointed to an executive or administrative position for said internal unit.
Relatives that are within the third degree of relationship to an employee by blood or marriage are as follows: Spouse; parent; grandparent; great-grandparent; grandparent or great-grandparent of spouse; uncle or aunt; uncle or aunt of spouse; brother or sister; son or daughter; son-in-law or daughter-in-law; grandson or granddaughter or their spouse; great-grandson or great-granddaughter or their spouse.

EDUCATION AND TRAINING

Are you a high school graduate or have you passed a general education development (GED) test? Yes No
(will only be used as required by statute, law or bonafide job requirement)

Are you fluent in any language other than English? Yes No If yes, please specify: _____

Include high school, vocational school and college/university & graduate school. Verification of all levels of education may be required. Official transcript, diploma, or certification will be required if offered a position, however, to meet application deadline, copies are acceptable.

Name of School, College, University, and Graduate School	City, State	Number of Hours Completed	Diploma or Type of Degree Received	Area of Study / Major

PROFESSIONAL LICENSE / CERTIFICATIONS

List any professional or occupational license, registration or certification (i.e., Certified Public Accountant, Certified Procurement Officer, etc.) and attach copies

Professional License, Registration or Certification	Date Received	License Number if Applicable	Expiration Date	Licensing Agency or Board

REFERENCES

Please list at least **three** professional references other than relatives or previous employers.

1. Name:	2. Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone: () email:	Telephone: () email:
Number of Years Acquainted:	Number of Years Acquainted:
Occupation	Occupation
3. Name:	4. Name:
Address:	Address:
City, State, Zip:	City, State, Zip:
Telephone: () email:	Telephone: () email:
Number of Years Acquainted:	Number of Years Acquainted:
Occupation	Occupation

PROFESSIONAL ACCOMPLISHMENTS

List your thesis topic and the topic of your completed / proposed dissertation. Briefly describe your research goal:

List any textbooks, papers, articles or other publications you have authored as a scholar. Please use bibliography format and attach additional sheets if necessary:

List any special honors or awards you have received and your memberships (include offices you have held) in professional organizations or service clubs:

Give any other information concerning your qualifications that you think would be of value in considering you for this position:

EMPLOYMENT HISTORY

Have you previously worked for another Oklahoma state agency or a public college/university? Yes No

If ANY employment was under a different name, indicate name: _____

Have you ever been discharged or asked to resign from a job? Yes No If yes, explain below:

Describe your work experience in detail, beginning with your current or most recent job. Include military service (indicate rank) and volunteer work. List each promotion or transfer as a separate job, even if they were with the same employer. If needed, attach additional copies of next page (pg 4). Employers and supervisors may be contacted regarding your work experience.

EMPLOYMENT HISTORY (list most recent employer first)

1. Employer Information (most recent): Name: _____ Address: _____ Telephone: _____ Cell phone: _____ Email address: _____		Supervisor Information: Name: _____ Title: _____ Telephone: _____ Cell phone: _____ Email address: _____	
Are you still employed with this company? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, may we contact your present employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Position Information Job Title: _____ <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Employment Dates: From _____ To: _____ (month/year) (month/year)	
Description of Duties and Work Performed (Be specific – attach extra signed and dated sheets, if necessary. Includes committee work): 			
Number of Employees Supervised:	Ending Salary: \$	per: <input type="checkbox"/> hour <input type="checkbox"/> month <input type="checkbox"/> year	Hours worked per week:
Reason for Leaving:			

EMPLOYMENT HISTORY *(continued)*

2. Employer Information <i>(most recent)</i> : Name: _____ Address: _____ Telephone: _____ Cell phone: _____ Email address: _____		Supervisor Information: Name: _____ Title: _____ Telephone: _____ Cell phone: _____ Email address: _____	
Are you still employed with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, may we contact your present employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Position Information Job Title: _____ <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Employment Dates: From _____ To: _____ (month/year) (month/year)	
Description of Duties and Work Performed <i>(Be specific – attach extra signed and dated sheets, if necessary. Includes committee work):</i> 			
Number of Employees Supervised: _____		Ending Salary: \$ _____	
per: <input type="checkbox"/> hour <input type="checkbox"/> month <input type="checkbox"/> year		Hours worked per week: _____	
Reason for Leaving: _____			

3. Employer Information <i>(most recent)</i> : Name: _____ Address: _____ Telephone: _____ Cell phone: _____ Email address: _____		Supervisor Information: Name: _____ Title: _____ Telephone: _____ Cell phone: _____ Email address: _____	
Are you still employed with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, may we contact your present employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Position Information Job Title: _____ <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Employment Dates: From _____ To: _____ (month/year) (month/year)	
Description of Duties and Work Performed <i>(Be specific – attach extra signed and dated sheets, if necessary. Includes committee work):</i> 			
Number of Employees Supervised: _____		Ending Salary: \$ _____	
per: <input type="checkbox"/> hour <input type="checkbox"/> month <input type="checkbox"/> year		Hours worked per week: _____	
Reason for Leaving: _____			

EMPLOYMENT HISTORY *(continued)*

4. Employer Information <i>(most recent):</i> Name: _____ Address: _____ Telephone: _____ Cell phone: _____ Email address: _____		Supervisor Information: Name: _____ Title: _____ Telephone: _____ Cell phone: _____ Email address: _____	
Are you still employed with this company? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, may we contact your present employer as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Position Information Job Title: _____ <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Employment Dates: From _____ To: _____ (month/year) (month/year)	
Description of Duties and Work Performed <i>(Be specific – attach extra signed and dated sheets, if necessary. Includes committee work):</i> 			
Number of Employees Supervised:	Ending Salary: \$	per: <input type="checkbox"/> hour <input type="checkbox"/> month <input type="checkbox"/> year	Hours worked per week:
Reason for Leaving:			

**(If you have more than four separate periods of employment, complete a blank sheet in the above format; sign and attach to this application.)*

<p>Use this space for any additional information, comments, or explanations you may have that are pertinent to your application.</p>
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APPLICANT'S STATEMENT OF CERTIFICATION AND AGREEMENT

Accuracy of Information – By signing this application, I certify that the information supplied in this application and in any other form, oral or written, is true and accurate.

Falsification of Information – I understand and agree that any misstated, misleading, incomplete or false information is grounds for my disqualification from consideration for employment, for withdrawal of any offer of employment if an offer has been made, or for my immediate discharge if employment has already commenced, whenever, and however discovered. I also understand that Section 358(B) of Title 21 of the Oklahoma Statutes prohibits applicants for state employment from making a materially false, fictitious, or fraudulent statement or representation on any employment application, knowing such statement or representation to be materially false, fictitious, or fraudulent. Violation is a criminal offence, punishable by fine and/or imprisonment.

Verification of Information – I hereby authorize Southeastern Oklahoma State University to verify the information I have provided in my employment application, in my oral statements and in any other documents or supplemental information I have provided to this agency for the purposes of employment. This shall include the authorization to conduct any and all personal background checks, including but not limited to, criminal history and related records, education and employment background records, civilian and military court records and/or proceedings. I authorize my former employers and job-related references to provide any information requested by Southeastern Oklahoma State University. I release from liability and hold harmless the State of Oklahoma, Southeastern Oklahoma State University, the Regional University System of Oklahoma Board, employees and attorneys, along with any corporation, firm, person, organization or individual providing information to Southeastern Oklahoma State University, from any and all claims, liabilities, loss, demands and causes of action known and unknown, fixed or contingent, equitable, legal or administrative, accrued to me as a result of such disclosure of information concerning me.

Employment Eligibility – I understand that if I am hired I will be required to produce proof that I have a legal right to work in the U.S.A. in accordance with the Immigration Reform and Control Act of 1986. This agency verifies the identity and employment eligibility status of all newly hired employees utilizing the Form I-9 verification process as well as the E-Verify Program with the Department of Homeland Security and the Social Security Administration.

General – If selected for employment, I agree to conform to the policies, rules and regulations of Southeastern Oklahoma State University and the Regional University System of Oklahoma. With this application, I agree to the University's overtime pay policy for non-exempt employees, which allows giving compensatory time off in lieu of payment of overtime worked. I understand that the position for which I am submitting this application may be at-will. The applicant selected for any at-will position will serve at the will of the University. If selected for a position, I understand my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either Southeastern Oklahoma State University or myself. I understand that no representative of the University has any authority to enter into any agreement for continued employment for any specified period of time or to make any agreement contrary to the foregoing. If an employee resigns or is discharged, full payment for unused annual leave (excludes sick leave and personal leave) will be made upon approval of the Vice President for Business Affairs, provided the employee has worked for a continuous six-month period and appropriate notice was given. No payment for annual leave will be authorized for any person who has not completed at least six months of continuous employment at the University. Any compensatory time accrued and not used will be paid the month following final paycheck.

Signature Required

Date

In accordance with state and federal laws, the University will not discriminate in any employment practice, education program, education activity, or admissions on the basis of race, color, religion, national origin, age, sex, sexual orientation, gender identity, or veteran status. The following individual has been designated to handle inquiries regarding nondiscrimination policies: Mike Davis, 425 W. University Blvd. Durant OK, 74701, 580-745-3090, mdavis@se.edu.

Title IX of the Education Amendments of 1972 protects people from sex discrimination in educational programs and activities at institutions that receive federal assistance. The following individual has been designated to handle inquiries regarding Title IX: Mike Davis, 425 W. University Blvd. Durant OK, 74701, 580-745-3090, mdavis@se.edu.



Southeastern Oklahoma State University

VOLUNTARY INFORMATION REQUEST: NOT TO BE USED IN HIRING DECISIONS

Equal Employment Opportunity Information Request

As a government contractor, Southeastern Oklahoma State University is subject to Executive Order 11246, as amended, which requires government contractors to take affirmative action in the employment process. We request your VOLUNTARY completion of the following questionnaire to be used ONLY for the purpose of monitoring the success of our Affirmative Action plan. This information will not be used to discriminate against or to show preference for any application in the hiring decision.

POSITION AND DEPARTMENT

NAME:

Gender

Male

Female

CITIZENSHIP: United States

Yes

No

If No, What Country?

Race/Ethnic Date (Select only one):

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

Native American Indian or Alaska Native (Not Hispanic or Latino) (A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.)

Asian ((Not Hispanic or Latino) (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example Cambodia, China Indian Japan, Korea, Malaysia, Pakistan, the Phillipine Islands, Thailand and Vietnam.)

African American or Black (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.)

White or Caucasian (Not Hispanic or Latino) (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)

Two or More Races (Not Hispanic or Latino) (All persons who identify with more than one of the above five races.)

I do not wish to enter voluntary self-identification EEOC information.

Do you qualify as a Veteran?

Yes

No

Vietnam Veteran (A Vietnam Veteran is any veteran of the US armed services who served on active duty for at least 180 days, any part of which occurred between February 28, 1961 and May 7, 1975 and was discharged for release therefrom with other than a dishonorable discharge, or 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

Do you consider yourself to be a person with a disability?

Yes

No

Please indicate how you learned of this opening: