KEAN UNIVERSITY Position applied for: **1000 MORRIS AVENUE UNION, NJ 07083** APPLICATION FOR □ Student Employment **EMPLOYMENT** Availability (Please check each work shift for which you are available): Day Shift Evening Shift Weekends Please PRINT legibly or TYPE answers. Please be aware that misrepresentation may be cause for removal. Last Name First Name M Date Street Address Home Phone # City State Alternate Phone # or Email Address Have you ever applied for employment Are you of legal age to work? Social Security # / Student ID # at Kean University? □ Yes* □ Yes (*If yes, state month and year): Proof of Age, Education, Military Status, Citizenship and Work Eligibility may be required upon employment offer. □ Undergraduate Degree* 1. What degree are you currently pursuing? □ Graduate Degree (*If you are an undergraduate student, indicate your current year of college): □ Freshman □ Sophomore □ Junior □ Senior 2. Are you receiving financial assistance (grants and/or loans) from our Financial Aid Office? □ Yes □ No 3. What is your major? _____ 4. What is your expected graduation date? 5. Are you currently employed by Kean University? □ Yes* □ No (*If yes, indicate department): ____ 6. Are you either a U.S. citizen or an alien authorized to work in the U.S.? □ Yes □ No 7. Are you in the U.S. on a visa which permits you to work at Kean University? Yes No Visa Type: _ 8. Are you a Veteran? □ Yes* □ No (*If yes, have you established Veterans Preference with the New Jersey Civil Service Commission after April 1, 1980?): □ Yes 9. Have you ever worked or been educated under a different name? □ Yes* □ No (*If yes, under what name?): 10. How did you hear about this position? □ Friend/Relative □ University Website □ Other (please specify): _ 11. Please list any friends or relatives currently working at Kean University: ___ **Education, Skills and Abilities** Name and Location of School Course No. Years Did you Degree or Diploma of study Completed graduate? High School (last attended): □ Yes □ No College or University: □ Yes Graduate School: □ Yes □ No Other Formal Training (include □ Yes Military): □ No Please list any relevant skills, training, licenses, etc. that have given you the knowledge and abilities for this position:

List all employment starting w ADDITIONAL SHEETS IF NEC	vith your current or most recer ESSARY.	nt employer, i	ncluding military ex	perience. PLEASE USE	
Company Name		Phone #			
Address		Employed (Month and Year) From to			
Name of Supervisor		Last Salary			
Job Title and Duties		Reason for Leaving			
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Name of Supervisor		Last Salary			
Job Title and Duties		Reason for Leaving			
Company Name		Phone #	Phone #		
Address			Employed (Month and Year)		
Name of Supervisor		From Last Salary	Last Salary		
Job Title and Duties		Reason for	Reason for Leaving		
REFERENCES: List below 3 Name	people unrelated to you whom we Address	may contact f	or information concerr Phone #	ning your qualifications. Occupation	
Name	Address		Filone #	Occupation	
Person to Be Notified in C	ase of Accident or Emerge	ncy			
Name		Phone #			
Address		Relationship			
reasonable accommodation in	Act: Pursuant to the Americans was order to participate in the employerssed to the ADA Coordinator in	yment applica	tion process at Kean	University. Requests for	
Kean University and all previous information. I further authorize application, including education	ers to release any information the us employers listed above from a representatives of Kean Univers n and to review any and all crimin	Il liability what sity to verify ar nal history, mil	soever that may issue ny and all information litary and disciplinary	e from securing this contained in this records of any source.	
I certify that the information or any misleading or incorrect info become employed by Kean Ur	n this application is complete and ormation may render this applica iversity.	i accurate to the tion void and t	ne best of my knowled be just cause for immo	age. I understand that ediate termination if I	
Signature:	Date:	Date:			
	THIS SECTION FOR HUMA	AN RESOUR	CES USE ONLY		
Interviewer's Comments:		Signature	Signature: Date:		
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