

Savannah State University

Application

Office of Human Resources James Colston Administration Building, Room 120 P: 912.358.4194 F: 912.358-3664

hr@savannahstate.edu

AN EQUAL OPPORTUNITY EMPLOYER

INSTRUCTIONS to APPLICANT: Read job announcement carefully. Complete this application accurately and legibly by printing or typing. False, incorrect, incomplete or misleading statements may disqualify you for employment. If you are an applicant with a known disability as defined under the Americans with Disabilities Act and you will need an accommodation in the recruitment or selection process, you must request this accommodation no later than 48 hours prior to the need.

We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, disability or any other legally protected status. Position(s) applied for: (For Office Use) Date Reviewed by: ☐ Full time only ☐ Part time only Both Hours available: REFERRAL SOURCE: (Please check the appropriate response) ☐ Print Ad Other: ☐ Friend/Relative ☐ Private Employment Agency DA VT□ Gov't Employment Agency ☐ Employee ☐Walk-In Community Agency □ Job Announcement Name:_____ (First) (Middle) (Last) Address: (Number, Street and Apartment Number) (City, State, Zip Code) Phone No:______ Alternate Phone No.: _____ E-mail Address:

Education	Name/Location	Type of Diploma or Certificate or Degree	Received	Major Field of Study
High School				
Technical School				
College/University				
Graduate School				

List any special licenses, certifications or trainings that you have received:			
List computer software you can operate:			
Have you ever been dismissed or asked to resign from any job? ☐Yes If yes, please explain:	□No		
Do you have a relative currently working with Savannah State University?	Yes □No		
If yes, please indicate the employee's name, department and position titl	e:		
The Board of Regents nepotism policy states no individual shall be employ existence of a subordinate-superior relationship between such individual			
Have you ever been employed with Savannah State University? Yes	No If yes, i	ndicate dates a	nd name used
when previously:			
WORK HISTORY			
Name of Employer:			
Name of Supervisor:	Telephone No:		
Street Address:	<u> </u>		
City & State:			
Dates Worked From:		Full Time	Part-Time
Job Title:	Duties:		
Reason for Leaving:	If current employer, can we contact?		
	Yes	No	
Name of Employer:			
Name of Supervisor:	Telephone No:		
Street Address:			
City & State:			
Dates Worked From:		Full Time	Part-Time
Job Title:	Duties:		
Reason for Leaving:	If current employ		t?
	Yes	No	

Name of Employer:				
Name of Supervisor:		Telephone No:		
Street Address:				
City & State:				
Dates Worked From:			Full Time Part-Time	
Job Title:				
Reason for Leaving:		If current employer, can we contact? Yes No		
	REFERENCES			
Name	Address	Telephone	Relationship	
statements contained in the event of employmer	AGREEMENT given herein are true and complete to the best of a this application for employment as may be necent, I understand that false or misleading informat derstand also that I am required to abide by all ru	essary in arriving tion given in my a	at an employment decision. In application or interview(s) may	
	,			
Date		Signature of Ap	plicant	