

**WAYNE STATE
UNIVERSITY**

Application for Employment

5700 Cass Avenue, Suite 1900/AAB
Detroit, Michigan 48202
Phone: 313-577-2010
jobs.wayne.edu

Posting Number:	Position Title:
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Personal Information

Last Name:	First Name:	Middle Name:	Other names you have been known by or have used:	
Address:		City:	State/Province:	Zip Code/Postal Code:
Home Phone:	Work Phone:	Cell/Other Phone:	International Phone:	E-mail:
Emergency Contact Name:		Emergency Contact Phone:		How much notice do you have to provide before starting?
Salary Desired:	What type of employment are you seeking?	Are you 18 years or older?	Are you legally authorized to work in the United States?	
Are you currently employed by Wayne State University?	If yes, please provide your Banner ID:		If you are a member of a Wayne State bargaining unit, please select the bargaining unit:	
Have you ever been employed by Wayne State University?		If yes, indicate location, position, and dates of employment:		
Are you related to anyone presently working for Wayne State University?		If Yes, specify name, relationship and department:		
Are you currently a student at Wayne State University?	If yes, indicate current term enrolled, give year and number of hours enrolled:		Have you ever been a student at Wayne State University?	
Have you ever been convicted of a felony?	If yes, please describe:			
How were you referred?				
Friend	Relative	Walk-In		
Job Fair	Advertisement	Employment Agency		
WSU Employee	Website	Other		

High School

Name of High School:	City:	Zip Code/Postal Code:	Did you graduate?
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Higher Education

Name of School:	Major:	Number of years completed:	Did you graduate?	Degree:

Work Experience

Employer Name:	Job Title:	Dates Employed: From: To:	Starting Salary:	Ending Salary:
Supervisor's Name:	Supervisor's Title:	Supervisor's Phone:	Reason for Leaving:	
Work Performed:				
May we contact this employer?			Type of Employment:	

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Supervisor's Name:	Supervisor's Title:	Supervisor's Phone:	Reason for Leaving:	
Work Performed:				
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Supervisor's Name:	Supervisor's Title:	Supervisor's Phone:	Reason for Leaving:	
Work Performed:				
May we contact this employer?			Type of Employment:	

References

Name:	Occupation:	How do you know this reference?:
Address:		Phone number:
Email:	May we contact this reference?	

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Miscellaneous

Please provide any Licenses. (Please include license number, expiration date and sponsor/provider e.g. License XYZ, 02-02-2004, Provider):
Please provide any Certifications. (Please include certification number, expiration date and sponsor/provider e.g. Certification XYZ, 02-02-2004, Provider):
Please list any special skills or qualifications:

Agreement

I certify that my statements are true and accurate. I understand that my employment is contingent upon satisfactory verification of the information indicated on this application and other information submitted in support of my application for employment. If employed, I understand that any misrepresentation found after I am on the job will be considered sufficient grounds for dismissal.

I hereby authorize Wayne State University to investigate my past employment and/or activities and statements contained in this application and release from all liability and responsibility all persons, companies, or corporations supplying such information. I understand that such information may include reports or records of disciplinary action assessed by previous employers, and specifically waive written notice of such disclosure and release such parties from any obligation to provide me with such notification, in accordance with Michigan Compiled Laws 423.506.

Applicants or employees who need any accommodation for a disability should request one by contacting the Employment Services Center at 313-577-2010.

In consideration of my employment, I agree to conform to all Wayne State University policies and procedures, including applicable collective bargaining agreements and employee handbooks. Except to the extent that such then current policies and procedures explicitly provide otherwise, I agree that my employment and compensation may be terminated, with or without cause and with or without notice at any time, at the option of either Wayne State University or myself. I understand that no manager, faculty member, or other representative of Wayne State University, other than the President, has any authority to enter into any agreement, oral or otherwise, contrary to the foregoing, and that no such agreement shall be given effect unless it has been reduced to writing and signed by both the president and me.

BY SIGNING BELOW, I certify that I have read and agree with these statements.

Applicant's Name

Applicant's Signature

Date

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