



**Employment
Application
For Classified Positions**
(01/12)

Human Resources, Morgan Hall 263, 1700 SW College, Topeka, KS 66621, (785)670-1538, getajob@washburn.edu

Human Resources and the hiring department will use this application in the screening and selection process. Therefore, you should provide accurate, complete and detailed information. A resume will not be used for screening unless it has been requested by the department. PLEASE PRINT or TYPE.

NAME: _____ WU ID (if applicable): _____

TELEPHONE NUMBER WHERE YOU CAN BE REACHED DURING THE DAY: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS (optional): _____

By providing your email address, you agree to receive information regarding your application via email.

Job titles of positions for which you wish to be considered:

Are you related to a current Washburn University or Washburn Institute of Technology employee? Yes No

If yes, please provide your relative's name and, if known, the department in which he/she works:

Employment at Washburn University may be conditioned upon satisfactory completion of a background check. Arrest information is not considered in the selection process.

The information I have provided in this application is true and correct to the best of my knowledge. If employed, I understand any false information given may be sufficient grounds for termination. I hereby grant permission to Washburn University to contact each employer listed concerning my qualifications and work performance. Permission is also granted to my former employers to provide Washburn University information with respect to my work performance.

Date: _____ Signature: _____

Notice of Nondiscrimination: It is the policy of Washburn University to assure equal educational and employment opportunity without regard to race, color, religion, age, national origin, ancestry, disability, sex, marital or parental status, genetic information, or sexual orientation/gender identity. Each unit within the University is charged with conducting its practices in conformity with these principles. Responsibility for coordination of compliance efforts and receipt of inquiries has been delegated to Carol Vogel, Equal Opportunity Director, Morgan 380-A, Washburn University, Topeka, Kansas 66621, (785) 670-1509, carol.vogel@washburn.edu.

REFERENCES (List three persons whom we may contact regarding your work performance)

NAME	STREET ADDRESS	CITY	STATE	PHONE NUMBER

EDUCATIONDo you have a high school diploma or GED certificate? Yes ☐ No ☐**COLLEGE, BUSINESS, VO-TECH SCHOOLS ATTENDED – PLEASE ATTACH TRANSCRIPT(S) - Duplicates are acceptable**

Names and Locations of Schools	Dates Attended		Degrees or Certificates and Years Received	Number of Credits
	From	To		

SPECIAL TRAINING COMPLETED

Course Title	Hours of Credit Received	Dates Attended

List any courses you have successfully completed in bookkeeping, keyboarding, computer, medical transcription or library science at the high school level or above:

A RESUME MAY NOT BE SUBSTITUTED FOR THE FOLLOWING EMPLOYMENT HISTORY.

List in order all positions you have held starting with the current or most recent. Include any time you were in business for yourself and any periods of military service. Indicate any significant changes in duties at any employment as separate employment.

PRESENT OR MOST RECENT EMPLOYMENT

Employer:	Job Title:		
Address:	Began:	Ended:	
Type of Business:	mm-yyyy	mm-yyyy	
Phone number:	Supervisor's Name:		
Hours per Week:	Reason for Leaving:		
Duties:			
Number of People Supervised ____ Length of supervision ____ years ____ months			
Machines, equipment and computer software used regularly in this position:			

PAST EMPLOYMENT

Employer:	_____	Job Title:	_____
Address:	_____	Began:	_____
Type of Business:	_____	mm-yyyy	mm-yyyy
Phone number:	_____	Supervisor's Name:	_____
Hours per Week:	_____	Reason for Leaving:	_____
Duties:	_____		
Number of People Supervised _____ Length of supervision _____ years _____ months			
Machines, equipment and computer software used regularly in this position:			

Employer:	_____	Job Title:	_____
Address:	_____	Began:	_____
Type of Business:	_____	mm-yyyy	mm-yyyy
Phone number:	_____	Supervisor's Name:	_____
Hours per Week:	_____	Reason for Leaving:	_____
Duties:	_____		
Number of People Supervised _____ Length of supervision _____ years _____ months			
Machines, equipment and computer software used regularly in this position:			

Employer:	_____	Job Title:	_____
Address:	_____	Began:	_____
Type of Business:	_____	mm-yyyy	mm-yyyy
Phone number:	_____	Supervisor's Name:	_____
Hours per Week:	_____	Reason for Leaving:	_____
Duties:	_____		
Number of People Supervised _____ Length of supervision _____ years _____ months			
Machines, equipment and computer software used regularly in this position:			

PAST EMPLOYMENT CONTINUED

Employer:	Job Title:		
Address:		Began:	Ended:
Type of Business:		mm-yyyy	mm-yyyy
Phone number:	Supervisor's Name:		
Hours per Week:	Reason for Leaving:		
Duties:			
Number of People Supervised ____ Length of supervision ____years ____months			
Machines, equipment and computer software used regularly in this position:			

Employer:	Job Title:		
Address:		Began:	Ended:
Type of Business:		mm-yyyy	mm-yyyy
Phone number:	Supervisor's Name:		
Hours per Week:	Reason for Leaving:		
Duties:			
Number of People Supervised ____ Length of supervision ____years ____months			
Machines, equipment and computer software used regularly in this position:			

Employer:	Job Title:		
Address:		Began:	Ended:
Type of Business:		mm-yyyy	mm-yyyy
Phone number:	Supervisor's Name:		
Hours per Week:	Reason for Leaving:		
Duties:			
Number of People Supervised ____ Length of supervision ____years ____months			
Machines, equipment and computer software used regularly in this position:			

IF YOU NEED ADDITIONAL SPACE TO LIST OTHER EMPLOYMENT, PLEASE CONTINUE ON A SEPARATE SHEET.