

**RADFORD UNIVERSITY FOUNDATION, INCORPORATED  
EMPLOYMENT APPLICATION**

**Applicant Information:**

Name: \_\_\_\_\_  
Last First Middle (or Initial)

Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ (indicate home, work, or cell)

Alternate Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ (indicate home, work, or cell)

Social Security Number: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Are you available: \_\_\_ Full-Time \_\_\_ Part-Time \_\_\_ Weekends

What date can you start: \_\_\_\_\_

Have you been convicted of a felony within the past seven years? \_\_\_ Yes \_\_\_ No If yes, attach explanation. (Conviction will not necessarily disqualify an applicant from employment.)

**Educational History:**

Please list all schools attended (name and address), number of years completed, and any diploma/degrees received.

High School: \_\_\_\_\_

\_\_\_\_\_  
Undergraduate: \_\_\_\_\_

\_\_\_\_\_  
Graduate: \_\_\_\_\_

\_\_\_\_\_  
Other: \_\_\_\_\_

\_\_\_\_\_  
Other: \_\_\_\_\_

\_\_\_\_\_  
Other: \_\_\_\_\_

\_\_\_\_\_  
Other: \_\_\_\_\_

\_\_\_\_\_

**Employment History:**

Please provide a list of work experience from most recent to least recent for the last 5 years.

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer?  Yes  No

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer?  Yes  No

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer?  Yes  No

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ Title: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer?  Yes  No

Please summarize any additional information to describe your qualifications for the position for which you are applying. \_\_\_\_\_

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Do you have the legal right to reside and work in the United States? (Proof of citizenship or immigration status will be requested upon employment.) \_\_\_ Yes \_\_\_ No

**Applicant's Statement:**

I certify that the information given on this application is true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application and understand that false or misleading statements given in my application (or interview) may result in discharge. I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Foundation is "at will", which means that I may resign at any time and the Foundation may discharge me at any time with or without cause. I further understand that this "at will" employment relationship may not be changed orally, by any written document, or by conduct, unless such change is specifically acknowledged in writing by an authorized executive of the Foundation.

\_\_\_\_\_  
Applicant's Signature

Date: \_\_\_\_\_

\* \* \*

The Foundation considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status. Proof of citizenship or immigration status will be requested upon employment.