



MARSHALL UNIVERSITY UPWARD BOUND SUMMER ADVISOR 2017 APPLICATION FOR EMPLOYMENT

POLICY STATEMENT: Marshall University is an equal opportunity/affirmative action employer. Minorities and females are encouraged to apply.

Please return the completed application to the Upward Bound Office, West Lobby, Prichard Hall 125, by Wednesday, February 22, 2017.

PERSONAL INFORMATION

NAME _____
LAST FIRST MI

Present Campus Address _____

Local Telephone # with area code _____

Home Telephone # with area code _____

Work Telephone # _____

Social Security Number _____ 901# _____

Permanent Address _____
Number/Street City State Zip

Email Address _____

Are you a US citizen? _____yes _____no if no, give type of Visa or Status _____

Have you ever been a habitual user of drugs or alcohol? _____yes _____no If yes, give details _____

Have you ever been discharged or forced to resign from a position? _____yes _____no If yes, please fully explain _____

Do you possess a valid driver's license? _____yes _____no What state? _____

Have you ever been at fault in a car accident in the past two years? _____yes _____no If yes, please explain _____

TYPE OF SCHOOL	NAME	MAJOR	# OF YRS ATTENDED	CURRENT STATUS (yr. in school)	TYPE OF DEGREE/CURRENT OR FINAL GPA
HIGH SCHOOL		NA		NA	NA
COLLEGE OR UNIV.					
COLLEGE OR UNIV.					
GRADUATE SCHOOL					
BUSINESS OR TECH.					
OTHER					

List college courses that you have taken that may be of help for this position (counseling, education, etc.)

High School/College Activities & Organizations _____

Community/Volunteer Work _____

List special skills, talents and interests _____

EMPLOYMENT HISTORY List all former employment, beginning with current or last employer. If additional space is required, please attach a separate sheet.

1. Name of Employer _____ Dates of employment _____

Address _____
Number/Street City State Zip

Your position _____ Phone Number _____

Name and title of supervisor _____

Type of Business _____ # of persons you supervised _____

Your duties _____

Reason for leaving or wanting to leave _____

May we contact this employer? _____ yes _____ no If no, please explain _____

2. Name of Employer _____ Dates of employment _____

Address _____
Number/Street City State Zip

Your position _____ Phone Number _____

Name and title of supervisor _____

Type of Business _____ # of persons you supervised _____

Your duties _____

Reason for leaving or wanting to leave _____

May we contact this employer? _____ yes _____ no If no, please explain _____

If more employers, use the above format and attach to this application.

REFERENCES List the names of four individuals, at least three of which are professional or educational.

Attached are references forms. Please give them to the individuals below and ask them to return the form to the address below by Friday, February 17th. It is your responsibility to follow up with the individuals listed below to confirm that their referrals are sent to us with sufficient time for receipt by February 17. The reference form is also available online at www.marshall.edu/ub/, click on summer program tab - form is at the bottom of the page.

	Name Address	Professional/Business Phone
1.	_____	_____
	_____	_____
2.	_____	_____
	_____	_____
3.	_____	_____
	_____	_____
4.	_____	_____
	_____	_____

Thank you for completing this application and for your interest in the Upward Bound Program.

I affirm that this Application for Employment, inclusive of all related materials, contains no willful misrepresentation or falsification and that the information given by me is true and complete to the best of my knowledge.

Name Date

Please return this application to the Upward Bound Program in Prichard Hall, Room 125, or mail it to the following address or e-mail it to collier18@marshall.edu no later than Wednesday, February 22, 2017.

Darlene Collier, Director
Upward Bound Program
Prichard Hall 125
Marshall University
1 John Marshall Drive
Huntington, WV 25755

For questions, call (304) 696-6462