



OAKWOOD UNIVERSITY
 A Seventh-Day Adventist Institution of Higher Education
 Office of Employee Services * 7000 Adventist Blvd., NW * Huntsville, AL * 35896
 256-726-7000

EMPLOYMENT APPLICATION

Oakwood University is a religiously-qualified Equal Opportunity Employer.

Please complete all sections, EVEN IF A RESUME IS SUBMITTED.

Date: _____ Status Desired: _____ Part-time

ONLINE ADJUCNT FACULTY - GRADUATE STUDIES

Position(s) applied for: _____

Location(s): _____

PERSONAL DATA:

First Name: _____ Middle Initial: _____ Last Name: _____

Home Street Address: _____

City: _____ State: _____ Zipcode: _____

Telephone: _____ Other Contact Number: _____

Email Address: _____ Birth Date (if under 18): _____

Have you ever been employed by Oakwood University? YES NO

Are you a member of the Seventh-day Adventist Church? YES NO

Name of Church: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Pastor: _____

Have you ever been convicted of a felony or misdemeanor within the last 7 years? YES NO
 (If yes, attach a detailed explanation; Conviction will not necessarily disqualify an applicant from employment)

Have you ever been terminated for cause? YES NO
 (If yes, attach a detailed explanation.)

Do you have any relative(s) working for Oakwood University? YES NO

Name of relative(s): _____

Name of School(s) Attended	Last Grade Completed	Curriculum or Major	Did You Graduate?	Diploma/Degree(s) or Hours Completed (Attach a Copy of Diploma/Degree(s))

Specialized Training/ Apprenticeship/ Skills/ Extra-Curricular Activities:

Can you travel if the job requires it? YES NO

Are you prevented by Visa or Immigration Status from becoming employed in the United States: YES ___NO ___

Licenses or Credentials: (please attach a copy)

Ministerial License Missionary Credential Teaching License Other (please specify)

OTHER SKILLS: (if applicable to position, check skills you have knowledge of)

_ Typing (wpm __) ___ Adding machine or calculator (___) ___ Shorthand (wpm __) ___ Transcription
 _ PBX ___ Word processing and Spread sheet programs ___ Word Perfect (version __) ___ Lotus/Excel (version __)
 _ Pagemaker (version __) ___ Other(s) _____

EMPLOYMENT RECORD: (list most recent first)

Start Date (month/year)	End Date (month/year)	Employer Address	Job and Major Duties	Reason for Leaving
		Name: _____ Address: _____ City/State/Zip: _____ Telephone: _____ Salary: _____	Title: _____ Duties:	Immediate Supervisor:
		Name: _____ Address: _____ City/State/Zip: _____ Telephone: _____ Salary: _____	Title: _____ Duties:	Immediate Supervisor:
		Name: _____ Address: _____ City/State/Zip: _____ Telephone: _____ Salary: _____	Title: _____ Duties:	Immediate Supervisor:
		Name: _____ Address: _____ City/State/Zip: _____ Telephone: _____ Salary: _____	Title: _____ Duties:	Immediate Supervisor:

ADDITIONAL INFORMATION: (list any other information that you believe contributes to your qualifications for this position)

REFERENCES: (list below at least four persons other than relatives who can provide both character and employment references)

Name	Complete Address/City/State	Zip Code	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VERIFICATION OF APPLICATION INFORMATION

I hereby certify that all of the information on this employment application and any resume or exhibit is true, correct and complete. I have not withheld any information requested on this application. I understand that false, misleading, incomplete, or omitted information on this application or my resume, or otherwise in the application process will result in disqualification for employment or, if I am hired, dismissal from employment no matter when discovered. I authorize Oakwood University and its agents to confirm information supplied on this application and my resume and to investigate my suitability for employment. I agree to furnish additional information if requested. I release all parties, companies, and persons from any claims, liabilities and damages that may result from requesting or furnishing information about me to Oakwood University, as well as from using such information in considering my employment application. I understand that if I receive a conditional offer, I may be asked to take a job-related medical examination with a physical selected by Oakwood University. The results of this examination will be communicated to Oakwood University and considered in evaluating my application. If I refuse to take such a medical examination, I understand that I will be disqualified from employment. I understand that if offered employment I must complete an I-9 form and provide satisfactory proof of my identity and legal authority to work in the United States. If employed, I agree to conform to the policies and standards of Oakwood University. I understand that no one other than the President or designee is authorized to enter into any employment agreement for any specific time period, or to make any agreement contrary to the foregoing. I understand that Oakwood University can be held responsible only for written promise or agreement.

APPLICANT'S SIGNATURE _____ DATE _____

CERTIFICATION-CONSENT-ACKNOWLEDGEMENT

I hereby certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

I expressly acknowledge and understand that in the absence of a written contract that states exclusion from at will provisions, to the contrary, my status, if I am hired, will be that of an employee at will having no contractual right, express or implied, to remain in Oakwood University's employ. In this connection, I expressly acknowledge further that neither anything said to me during the Oakwood University's application and/or interview process or during employment nor any provision in Oakwood University's documents, employee handbook or personnel manual constitutes the terms of an implied employment agreement. In consideration of any employment offered, I specifically agree that my employment is for an indefinite time period and that my employment may be terminated, with or without cause or notice, at any time, at the option of either Oakwood University or myself. I understand that no unauthorized representative may enter into any agreement for employment or make any agreement contrary to the foregoing.

I understand and support the beliefs and teachings of the SDA church, and will comport my behavior to comply with its teachings.

APPLICANT'S SIGNATURE _____ DATE _____

Oakwood University will maintain this application in an active status for 6 months. If you want to be considered for employment after 6 months from the date of this application, you must complete and submit a new application.