



UNIVERSITY of WESTERN STATES

Integrating Health and Science

EQUAL OPPORTUNITY EMPLOYER

Applicants must complete this section

Date: _____

Position Title: _____

How did you learn of this position? _____

PERSONAL INFORMATION

Last	First
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Address	Phone Home
	Work

City	State	Zip	Message Email
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Have you ever worked for UWS before? yes (date? _____) no

Have you applied to UWS before? yes (date? _____) no

If you are currently employed, may we contact your current employer? yes no

Have you ever worked or attended schools under any other name? yes no
 If so, what name? _____

Do you have any family or friends that work at UWS? yes no
 If yes, UWS employee name: _____

Have you had any disciplinary action filed against your professional/occupational license in any jurisdiction? yes no
 I hereby certify that this application and resume, if required, contain no misrepresentations or falsifications and are complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal from employment. I authorize University of Western States to make any necessary and appropriate investigations to verify the information contained herein.

Are you legally eligible for employment in the United States? yes no

Date _____ Signature of Applicant _____

AVAILABILITY: Date available to begin work: _____

REFERENCES
 (complete or attach a separate listing of your references)

Name	Position	Address	City	State	Phone
1.					
2.					
3.					