



# APPLICATION FOR EMPLOYMENT

Revised September 2011  
OLD DOMINION UNIVERSITY RESEARCH FOUNDATION  
P.O. Box 6369  
Norfolk, VA 23508-0369

## AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of the Old Dominion University Research Foundation to afford equal opportunity for employment to all individuals. We will recruit, hire, train, and promote persons in all job classifications without regard to race, color, religion, sex, national origin, age, disability, veteran status, political affiliation, sexual orientation, genetic information or any other basis prohibited by law and in accordance with all applicable laws, directives and regulations of Federal and State entities.

**INSTRUCTIONS:** Please complete ALL items. The information you provide will allow us to consider you for the position for which you have applied.

**NOTICE:** All offers of employment are contingent upon your providing proof of identity and employment eligibility by completing a form I-9, as required by the Immigration Reform and Control Act of 1986.

### APPLICANT'S CERTIFICATION READ CAREFULLY BEFORE SUBMITTING

I \_\_\_\_\_ by submitting this application for employment with Old Dominion University Research Foundation (the Foundation) whether via electronic means or otherwise, give the Foundation the right to investigate all references and previous employers and to secure job related information about me. I hereby release from liability the Foundation and its representatives for seeking such information and release from liability all other persons, corporations, or organizations for furnishing such information.

Furthermore it is understood that the Foundation is an AT WILL employer and, if employed, just as I am free to resign at any time, the Foundation is free to terminate my employment at any time, with or without cause and without prior notice. Nothing in this application shall be construed as, or imply, a contract of employment, and I understand that no representative of the Foundation, other than the Executive Director, has the authority to enter into a contract or make assurances of a contract of employment. All employees are considered At Will employees.

It is understood and agreed upon that any misrepresentation by me in this application will be sufficient for revocation of this application for employment or separation from employment, with the Foundation if I have been employed.

### PLEASE PRINT ALL RESPONSES

#### PERSONAL INFORMATION:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street City State Zip

E-mail \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

May we contact you at work?  Yes  No If yes, when is the best time to call? \_\_\_\_\_

Have you applied with the Research Foundation before?  Yes  No If yes, when? \_\_\_\_\_

Have you been employed with the Research Foundation before?  Yes  No If yes, when? \_\_\_\_\_

**Are you currently employed at Old Dominion University?**  Yes  No If yes, secondary employment guidelines may apply.

If hired, can you provide proof that you are eligible to work in the United States?  Yes  No

Are you at least 18 years old?  Yes  No If no, do you have a work permit?  Yes  No

Have you ever been bonded?  Yes  No (Bonded means Extensive Background has been investigated and applicant is insured.)

Have you ever been convicted of a crime that has not been expunged from your record?  Yes  No

If yes, give date, place and nature of crime. (Convictions will not necessarily disqualify applicant; each case is considered individually.)

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT DESIRED:**

Position(s) Number applying for: _____	
Position(s) Name applying for: _____	Date Available for Work: _____
Type of employment desired: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Are you willing to travel if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will you relocate if job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**EMPLOYMENT HISTORY:**

List your last three (3) positions held starting with the most recent. Add additional pages as necessary. Use the "Additional Employment" section below for any other graduate assistantships, internships, part-time, temporary, summer, or volunteer employment.

Employer:		Job title/position:	
Address:		Immediate supervisor's name:	
		Immediate supervisor's title:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____		Supervisor's Phone # (    ) - E-mail	
From (month/year):	To (month/year):	Starting Wage / Salary:	Ending Wage / Salary:
Brief description of duties:			
Reason for Leaving:			
Account for period between jobs:			

Employer:		Job title/position:	
Address:		Immediate supervisor's name:	
		Immediate supervisor's title:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____		Supervisor's Phone # (    ) - E-mail	
From (month/year):	To (month/year):	Starting Wage / Salary:	Ending Wage / Salary:
Brief description of duties:			
Reason for Leaving:			
Account for period between jobs:			

Employer:		Job title/position:	
Address:		Immediate supervisor's name:	
		Immediate supervisor's title:	
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No, reason _____		Supervisor's Phone # (    ) - E-mail	
From (month/year):	To (month/year):	Starting Wage / Salary:	Ending Wage / Salary:
Brief description of duties:			
Reason for Leaving:			
Account for period between jobs:			

**ADDITIONAL EMPLOYMENT:** (Include graduate assistantships, internships, temporary, part-time, and summer employment)

NOTE: Applicants are encouraged to include verifiable prior work experience performed on a volunteer basis.

Name and Address of Employer	From	To	Job Title	Reason for Leaving

**U.S. MILITARY RECORD**

Branch \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Final Rank: \_\_\_\_\_ Specialty/Rate : \_\_\_\_\_

**EDUCATIONAL RECORD:**

	School Name, City & State	Major Field	Degree Earned
High School			
College/University			
Graduate School			
Technical, Business, Other School			

Professional License or Certification: \_\_\_\_\_

DESCRIBE ANY SPECIALIZED SKILLS, LANGUAGE ABILITIES, OR TRAINING THAT YOU POSSESS THAT IS RELATED TO THE JOB(S) FOR WHICH YOU ARE APPLYING.


LIST ANY AWARDS, SCHOLARSHIPS, OFFICES HELD, OR OTHER ACTIVITIES THAT REPRESENT YOUR QUALIFICATIONS FOR THE JOB(S) FOR WHICH YOU ARE APPLYING.


**REFERENCES:**

Give the names of three (3) business references that include one direct supervisor/manager.

NAME	ADDRESS	OCCUPATION/TITLE	PHONE NUMBER
			( ) - E-mail
			( ) - E-mail
			( ) - E-mail

ADDITIONAL COMMENTS: (List any additional information you would like us to consider in evaluating your application for employment.)


Signature \_\_\_\_\_

Date \_\_\_\_\_