

# KEAN UNIVERSITY

1000 MORRIS AVENUE  
UNION, NJ 07083

Position applied for:

Adjunct     Academic Specialist

## APPLICATION FOR EMPLOYMENT

Availability (Please check each work shift for which you are available):  Day Shift  Evening Shift  Midnight Shift  Weekends

**Please PRINT legibly or TYPE answers. Please be aware that misrepresentation may be cause for removal.**

Last Name	First Name	MI	Date
Street Address			Home Phone #
City	State	Zip	Alternate Phone #
Email Address			Social Security #
Have you ever applied for employment at Kean University? <input type="checkbox"/> Yes* <input type="checkbox"/> No (*If yes, state month and year):			Are you of legal age to work? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Proof of Age, Education, Military Status, Citizenship and Work Eligibility may be required upon employment offer.**

1. If you are a student, what is your expected graduation date? \_\_\_\_\_
2. Do you possess a driver's license that is valid in New Jersey?     Yes     No
3. Do you possess a Commercial Driver's License?     Yes     No  
(Answer question #3 only if it is a requirement as indicated on the job announcement or job specification)
4. Are you either a U.S. citizen or an alien authorized to work in the U.S.?     Yes     No
5. Are you in the U.S. on a visa which permits you to work at Kean University?  Yes     No    Visa Type: \_\_\_\_\_
6. Are you a Veteran?  Yes\*     No  
(\*If yes, have you established Veterans Preference with the New Jersey Civil Service Commission after April 1, 1980?):  
 Yes     No
7. Are you now or have you ever been a member of a NJ State Pension System/Retirement Plan?  Yes\*     No  
(\*If yes, indicate system/plan name): \_\_\_\_\_
8. Have you ever worked or been educated under a different name?  Yes\*     No  
(\*If yes, under what name?): \_\_\_\_\_
9. Are you currently on a special or regular reemployment list or any list resulting from an examination administered by the New Jersey Civil Service Commission?  Yes\*     No (\*If yes, provide titles and symbols): \_\_\_\_\_
10. Please list any friends or relatives currently working at Kean University: \_\_\_\_\_
11. Are you currently employed by Kean University?  Yes\*     No (\*If yes, state position): \_\_\_\_\_

### Education, Skills and Abilities

	Name and Location of School	Course of study	No. Years Completed	Did you graduate?	Degree or Diploma
High School (last attended):			1 2 3 4 GED	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College or University:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Graduate School:				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Formal Training (include Military):				<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Please list any relevant skills, training, licenses, etc. that have given you the knowledge and abilities for this position:**

**List all employment starting with your current or most recent employer, including military experience. PLEASE USE ADDITIONAL SHEETS IF NECESSARY.**

Company Name	Phone #
Address	Employed (Month and Year) From                      to
Name of Supervisor	Reason for Leaving
Job Title	Duties
Company Name	Phone #
Address	Employed (Month and Year) From                      to
Name of Supervisor	Reason for Leaving
Job Title	Duties
Company Name	Phone #
Address	Employed (Month and Year) From                      to
Name of Supervisor	Reason for Leaving
Job Title	Duties

**REFERENCES:** List below 3 people unrelated to you whom we may contact for information concerning your qualifications.

Name	Address	Phone #	Occupation

**Person to Be Notified in Case of Accident or Emergency**

Name	Phone #
Address	Relationship

**Americans with Disabilities Act:** Pursuant to the Americans with Disabilities Act, an individual with a disability may request a reasonable accommodation in order to participate in the employment application process at Kean University. Requests for accommodation should be addressed to the ADA Coordinator in the Office of Human Resources by phone at 908-737-3300 or by email to hr@kean.edu.

**I authorize** my former employers to release any information they may have concerning my employment record and I release Kean University and all previous employers listed above from all liability whatsoever that may issue from securing this information. I further authorize representatives of Kean University to verify any and all information contained in this application, including education and to review any and all criminal history, military and disciplinary records of any source.

**I certify** that the information on this application is complete and accurate to the best of my knowledge. I understand that any misleading or incorrect information may render this application void and be just cause for immediate termination if I become employed by Kean University.

*Signature:*

*Date:*