



Student Health Services

OPS Non-Student / OPS Student Employment Application

We are an equal opportunity employer and make employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. If you need an accommodation in completing this application, please notify a representative of the organization.

Applicant name: _____ Date: _____

Address: _____

Telephone #: _____ Cell #: _____

Email Address: _____

Position(s) applied for or type of work desired: _____

How were you referred? _____

Type of employment desired: _____ FT _____ PT _____ Temporary

Date available to start work: _____

Do you have any relatives who are currently employed by the University? _____

If yes, please provide their name and relationship: _____

Are you legally authorized to work in the United States? _____

Employment History

Please provide all employment information for your past employers starting with the most recent. **Use additional sheets, if necessary.**

Employer: _____

Position/s held: _____

Address: _____

Telephone#: _____

Immediate supervisor and title: _____

Dates employed: _____ Salary: _____

May we contact this employer? _____

Reason for leaving: _____

Summary of duties: _____

Employer: _____
 Position/s held: _____
 Address: _____
 Telephone#: _____
 Immediate supervisor and title: _____
 Dates employed: _____ Salary: _____
 May we contact this employer? _____
 Reason for leaving: _____
 Summary of duties: _____

Employer: _____
 Position/s held: _____
 Address: _____
 Telephone#: _____
 Immediate supervisor and title: _____
 Dates employed: _____ Salary: _____
 May we contact this employer? _____
 Reason for leaving: _____
 Summary: _____

Other Skills and Qualifications

Summarize any job-related training, skills, computer knowledge, licenses, certificates, and any other information you believe is relevant to your qualifications for this job: _____

Educational History

TYPE OF SCHOOL	NAME OF SCHOOL	Graduated?	Credit Hours	Major	Degree
High School					
College					
Bus. Or Trade School					
Professional School					

References

List 3 **PROFESSIONAL references**, (do not include relatives or employers)

Name	Telephone	How do you know this person?

Acknowledgement and Release

I hereby authorize UCF Health Services to contact, obtain, and verify the accuracy of information contained in this application from previous employers, educational institutions, and references.

I understand that any intentional misrepresentation or material omission made by me on this application may constitute grounds for rescission of a job offer or immediate termination of employment if I am employed, without notice, whenever it may be discovered.

I understand as an applicant for employment or an employee, of the UCF Health Services, I am a consumer with rights under the Fair Credit Reporting Act. The University may request a consumer report or an investigative consumer report of me from a consumer agency at any time during the process of evaluating my application for employment, promotion, reassignment or retention.

I also understand that, if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or UCF Student Health Services can end employment at any time, with or without prior notice and with or without cause, as long as there is no violation of applicable federal or state law.

I have read and fully understand the foregoing statements and I seek employment under these conditions.

Applicant signature: _____ **Date:** _____