

EDUCATION INFORMATION

List the last three schools you attended, starting with the most recent. Include the city and state. Indicate whether you obtained a degree, certificate, or diploma and what type of degree, certificate or diploma you obtained. Also, please indicate what major or type of program in which you were enrolled.

	Educational Institution	Did you graduate?	Degree, certificate, or diploma	Major
<u>1</u>				
<u>2</u>				
<u>3</u>				
<u>4</u>				
<u>5</u>				

EMPLOYMENT HISTORY

Beginning with your most recent position, list the last four positions you have held (even if they are within the same organization). Please explain any gaps in employment in the comments below. Additional information and/or a resume may be attached, but not substituted for the information requested below.

Employer		Major Responsibilities 1) 2)
Address		
Phone #		
Name & Title of Supervisor		
Reason for leaving		
Dates Employed	Beginning Ending	
Salary	Beginning Ending	
Title		
Status	Full Time Part Time	
Employer		
Address		
Phone #		
Name & Title of Supervisor		
Reason for leaving		
Dates Employed	Beginning Ending	
Salary	Beginning Ending	
Title		
Status	Full Time Part Time	



Employer		Major Responsibilities 1) 2)
Address		
Phone #		
Name & Title of Supervisor		
Reason for leaving		
Dates Employed	Beginning Ending	
Salary	Beginning Ending	
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Status	Full Time Part Time	

Employer		Major Responsibilities 1) 2)
Address		
Phone #		
Name & Title of Supervisor		
Reason for leaving		
Dates Employed	Beginning Ending	
Salary	Beginning Ending	
Title		
Status	Full Time Part Time	

May we contact your present employer at this time for a reference? YES NO

When can you start? Date _____

REFERENCES

Please provide at least two (2) personal references (other than family):

Name _____

Phone Number _____

Relationship _____

Name _____

Phone Number _____

Relationship _____

Name _____

Phone Number _____

Relationship _____



TECHNICAL SKILLS

SKILL	Yes / No	Experience Level
SOFTWARE		
MS Word 2003 /2007	Yes No	_____
MS Excel 2003 /2007	Yes No	_____
MS PowerPoint 2003 /2007	Yes No	_____
MS Access 2003 /2007	Yes No	_____
MS Front Page 2003 /2007	Yes No	_____
MS Internet Explorer	Yes No	_____
MS Project 2003 /2007	Yes No	_____
Corel Word Perfect	Yes No	_____
Adobe PageMaker	Yes No	_____
Adobe Photo-Shop	Yes No	_____
Adobe Acrobat 7.0 / 8.0	Yes No	_____
OPERATING SYSTEMS		
DOS	Yes No	_____
Windows Server 2003	Yes No	_____
Windows XP Pro	Yes No	_____
Windows 2000	Yes No	_____
Macintosh	Yes No	_____
HARDWARE AND PERIPHERALS		
IBM or compatible PC	Yes No	_____
Laser Printer	Yes No	_____
Scanner	Yes No	_____
Office Copiers	Yes No	_____
Network Interface Card	Yes No	_____
PROGRAMMING		
HTML	Yes No	_____
Java	Yes No	_____
Perl	Yes No	_____
c++	Yes No	_____
Visual Basic	Yes No	_____
Unix Shell	Yes No	_____
Cold Fusion	Yes No	_____
LIST OTHER	_____	_____
LIST OTHER	_____	_____



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8618 Westwood Center Drive, Suite 100
Vienna, Virginia 22182.
Tel: (571) 633-9651
Tel: (571) 633-9652
Fax: (703) 890-3372

REFERRAL SOURCE

- o University of North America job board
- o University of North America Career Center
- o Employment Website
- o University of North America employee
- o Walk-in
- o Job Service
- o Job fair
- o News Paper (Please indicate which) _____
- o Chronicle of Higher Education (Please indicate which) _____

CERTIFICATION AND AUTHORIZATION TO RELEASE INFORMATION

Provision of your Social Security Number (SSN) is voluntary. If you provide your SSN, it may be used when obtaining employment verifications and references or for other internal HR purposes.

PRINT NAME _____

SOCIAL SECURITY NUMBER _____

I certify that the information that I have provided to The University of North America is accurate and truthful to the best of my knowledge. I understand that the university may investigate the information I have provided and by signing below, I authorize University of North America to conduct a background investigation on me. I authorize the persons, employers, schools, and other organizations named to provide University of North America with any relevant information that may be required to come to a decision regarding employment I release from liability all individuals, corporations, or organizations that provide such information, I understand and agree that misrepresentation or omission of information may be cause for my not being considered for employment and that if I am employed, any false statements may result in my dismissal.

I understand and agree that as a result of the Immigration Reform and Control Act of 1986, I must provide documents establishing both my identity and right to be employed in the United States within three business days of my initial date of employment.

A photocopy of this signed authorization is as valid as an original signed authorization and may be used by University of North America to request the release of information authorized.

I acknowledge that I have read this authorization, fully understand it, and fully and voluntarily agree to its provisions.

SIGNATURE OF APPLICANT _____ DATE _____

UNIVERSITY OF NORTH AMERICA IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS, SEXUAL ORIENTATION OR ANY OTHER STATUS PROTECTED BY LAW.



COMPLETION OF THIS FORM IS VOLUNTARY

The following information is requested of all applicants. It is needed to complete required government reports and will be detached and maintained separately from the rest of the application. Completing this form is voluntary. This information will not affect your consideration for employment nor will it be used in the selection process.

PLEASE PRINT

NAME _____

POSITION APPLYING FOR _____

CONTROL NUMBER _____

APPLYING FOR (Circle One)

EXEMPT POSITION

NONEXEMPT POSITION

ETHNICITY/RACE

- African American/Black
- Hispanic
- Asian/Pacific Islander
- Native American/Indian
- Caucasian/White (non-Hispanic origin)
- Undeclared or unknown

VETERAN STATUS

- Vietnam-era veteran (08/05/1964 to 05/07/1975)
- Retired veteran
- Disabled veteran
- Not applicable

GENDER Female Male

DISABILITY Disabled Not disabled