**Section 1: To Be Completed by Applicant**

Complete the information below in its entirety. Please type in shaded areas or print legibly.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Candidate Name:** | |  | | **Position Applying for:** | | |  | | |
| **Address:** | |  | | **City, State, Zip:** | | |  | | |
| **Previous names used:** | |  | | | | | | | |
| **SS#:** |  | **D.O.B.:** |  | **DL#:** |  | **DL State:** | | |  |
|  |  |  |  |  |  |  | | |  |
| **University/College Education:** (below) | | | | | **Degree:** (below) | | | **Year of graduation:** | |
|  | | | | |  | | |  | |
|  | | | | |  | | |  | |
| **Professional Licenses:** | | | **Issuing entity:** | | **License # if applicable:** | | | **Dates of validation:** | |
|  | | |  | |  | | |  | |
|  | | |  | |  | | |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dates** | **Employer Name, Address & Phone** | **Supervisor Name / Phone** | | **Position** | **Reason Left** |
|  |  |  | |  |  |
|  |  |  | |  |  |
|  |  |  | |  |  |
| **May We Contact Current Employer?** | | | Yes | Not at this time, only after offer is accepted. | |

|  |  |
| --- | --- |
| **Have you ever been convicted of a crime?** Answering “yes” to this question does not necessarily bar you from employment with Montclair State University. | Yes  No |
| If yes, please explain: | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Candidate Signature** |  | **Date** |
| Please type for electronic signature or paste a .jpeg/.pdf of your signature. |  |  |

**Section 2: To be Completed by Hiring Manager *(note: Attach resume and/or job application, if available)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hiring Manager:** |  | **Department:** |  | | |
| **HM Title:** |  | **Ext:** |  | **V #:** |  |
| 1. **Will a P-Card be required for employee?** | |  |

Yes  No

1. **Will the employee have access to Clinical HIPAA protected health information (PHI) and/or student health records?**

Yes  No

**Section 3: To be Completed by Human Resources**

|  |  |  |  |
| --- | --- | --- | --- |
| **Authorized HR Rep.:** |  | **Date Submitted:** |  |

**Reports Requested:** *Please check box:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Package 1 | Employment Verification | Education Verification | Statewide Criminal Search |
|  | | National DOC Search | Social Security Search | National Sex Offender |
| Office of Foreign Asset Control – support terrorist activity | | |
|  | Other |  | | |