**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 |  |