Http://www1.udel.edu/conferences/

PHONE: (302) 831-2214 FAX: (302) 831-2998

## **EMPLOYMENT APPLICATION**

PERSONAL INFORMATION								
LAST NAME			FIRST NAM	1E	M	IDDLE NAME		
E-MAIL ADDRESS								
HOME ADDRESS								
STREET								
CITY				STATE		ZIP		
HOME PHONE ( )	-		(	) -				
EMPLOYMENT INFORMATION								
HAVE YOU PREVIOUSLY WORKED AT UD?								
ARE YOU AUTHORIZED TO WORK LAWFULLY IN THE UNITED STATES FOR THE UNIVERSITY OF DELAWARE?								
WILL YOU NOW OR IN THE FUTURE REQUIRE THE UNIVERSITY OF DELAWARE TO COMMENCE AN IMMIGRATION CASE IN ORDER TO EMPLOY YOU? IF YES, WHAT SPONSORSHIP WOULD YOU REQUIRE?								
WHICH POSITION(S) ARE YOU APPLYING FOR?  HOW MANY HOURS PER WEEK ARE YOU AVAILABLE TO WORK?								
PLEASE INDICATE WHICH HOURS YOU <u>CAN WORK</u> EACH DAY								
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		

PLEASE ALSO COMPLETE SECOND PAGE

SPECIAL JOB SKILLS								
	PLEASE DESCRIBE							
□TYPING								
COMPUTING								
□LANGUAGES								
OTHER								
WORK RELATED EXPERIENCE / VOLUNTEER WORK								
EMPLOYER NAME AND ADDRESS		JOB TITLE AND RESPONSIBILITIES	DATES EMPLOYED					
			FROM:					
			то:					
			HOURS PER WEEK:					
EMPLOYER NAME AND ADDRESS .		JOB TITLE AND RESPONSIBILITIES	DATES EMPLOYED					
			FROM:					
			TO:					
			HOURS PER WEEK:					
PLEASE SIGN BELOW								
PLEASE SIGN BELUW								
SIGNATURE:			DATE:					
My signature affirms that the information on this application form is accurate. Note: Employment offers will be conditioned upon successful completion of a criminal background check. A conviction will not necessarily exclude you for employment.								
RETURN TO: Conference Services, 100 David Hollowell Drive, Newark, DE 19716 or email as attachment to: <a href="mailto:ctuozzol@udel.edu">ctuozzol@udel.edu</a>								
OFFICE USE ONLY:								
☐ Background Check Submitted ☐ Onboarding Complete		Reviewed by & Date:	JED Req# & Date:					
Copy of SS Ca	•							
Photo ID	d and Cianad	Comments						
☐ I-9 Completed and Signed ☐ W-4 Form Complete		Comments						
Bayh-Dole Act	t Letter Signed							
☐ Direct Deposit Form w/Void Check		eck						