

Print and return this application to the Office of Human Resources.

Marywood

U N I V E R S I T Y

PLEASE RETURN APPLICATION TO THE OFFICE OF HUMAN RESOURCES AT
MARYWOOD UNIVERSITY • 2300 ADAMS AVENUE • SCRANTON, PENNSYLVANIA 18509

An Equal Employment Opportunity and Affirmative Action Employer

APPLICATION FOR EMPLOYMENT

Please print or type the following information:

Name _____ Date _____
Last First Middle Initial

Present Address _____ Phone # _____
Street City State Zip

E-mail Address _____

Please Read Before Completing Application:

Please Read Before Completing Application – Equal Opportunity Employer

Marywood University is an equal opportunity employer that does not discriminate on the basis of race, creed, color, religion, sex, national origin, age, disability, liability for service in the United States armed forces, ancestry or any other characteristic protected by federal, state or local law in the administration of any of its educational programs or activities; including admission, or with respect to employment. Marywood University will make a reasonable accommodation to known physical or mental limitations of a qualified applicant or employee with a disability unless the accommodation would impose an undue hardship on the operation of the University. Inquiries should be directed to Molly Baron, Interim Director of Human Resources, Marywood University, Scranton, PA 18509-1598. Phone 570-348-6220 or email mbaron@marywood.edu.

Are you 18 years of age or in possession of a valid work permit? Yes No

Are you either a U.S. citizen or an alien who is authorized to work in the United States? Yes No

Note: If you answer “yes” you must complete the I-9 Form required by the United States Citizenship and Immigration Services no later than three (3) business days after your date of hire.

Have you ever been convicted of or plead guilty to a felony, which has not been expunged or sealed by a court? Yes No
(A criminal conviction will not necessarily be a bar to employment. To help us evaluate your application, please describe the date of the offense, the nature of the offense and your subsequent rehabilitation.)

Position(s) applied for _____ Rate of pay expected \$ _____ per week

Would you work Full-time Part-time

Specify days and hours if part-time (*You are not required to indicate the need for time off due to religious practices*)

Were you previously employed by us? _____ If yes, when? _____

Do you have any friends or relatives working for us whom you wish us to contact as references?

If your application is considered favorably, on what date will you be available for work?

Are there any other experiences, skills or qualifications which you feel would make you more qualified to work for the University? (*Exclude any information that may reveal your membership in a legally protected classification listed above*)

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Record of Education

School	Name and Address of School	Course of Study	Check Last Year Completed
Elementary			5 6 7 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
High			1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
College			1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Other (Specify)			1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Military Service Record

Were you in U.S. Armed Forces? Yes No

If yes, what Branch? _____

List any Special Training you received (including training under the G.I. Bill of Rights):

Personal References (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

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List below all present and past employment, beginning with your most recent.

1	Name and Address of Company and Type of Business and phone number	From		To		Describe in detail the work you did	Weekly Starting Salary	Weekly Last Salary	Reasoning for Leaving	Name of Supervisor
		Mo	Yr	Mo	Yr					

2	Name and Address of Company and Type of Business and phone number	From		To		Describe in detail the work you did	Weekly Starting Salary	Weekly Last Salary	Reasoning for Leaving	Name of Supervisor
		Mo	Yr	Mo	Yr					

3	Name and Address of Company and Type of Business and phone number	From		To		Describe in detail the work you did	Weekly Starting Salary	Weekly Last Salary	Reasoning for Leaving	Name of Supervisor
		Mo	Yr	Mo	Yr					

4	Name and Address of Company and Type of Business and phone number	From		To		Describe in detail the work you did	Weekly Starting Salary	Weekly Last Salary	Reasoning for Leaving	Name of Supervisor
		Mo	Yr	Mo	Yr					

5	Name and Address of Company and Type of Business and phone number	From		To		Describe in detail the work you did	Weekly Starting Salary	Weekly Last Salary	Reasoning for Leaving	Name of Supervisor
		Mo	Yr	Mo	Yr					

Indicate by number those employers you do not wish us to contact. _____

I understand that any misstatement, omission or misleading information given in my application, resume or interview or in connection with other company records may result in the rejection of my application, the withdrawal of any offer of employment or my dismissal.

I authorize an investigation of all statements contained in this application for employment. I release from all liability and responsibility all persons and entities requesting or supplying information about any information provided on this application, including my present employer.

I understand that if employed by Marywood University, both during and subsequent to my introductory period, I will be an employee at-will, which means that I can voluntarily end my employment or be terminated at any time without cause or notice. No statement, whether written or oral, by an company representative other than a written statement signed by the President may vary the foregoing.

Signature

Date

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Having read Marywood University's Mission and Core Values, please explain why you would like to work at Marywood University:

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OFFICE OF HUMAN RESOURCES
2300 ADAMS AVENUE
SCRANTON, PA 18509

Position Applied For: _____

Full-Time Part-Time

VOLUNTARY SELF IDENTIFICATION

Marywood University is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the University invites employees and students to voluntarily self-identify their gender and race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name: _____ Date: _____

Do you wish to furnish this information? Yes No

Gender: Male Female

Are you Hispanic or Latino? (defined as a person of Cuban, Mexican, Puerto Rican, South or Central America, or other Spanish culture or origin regardless of race). Yes No

If you answered YES, please DO NOT proceed further.

If you answered NO, please CHOOSE ONE OF THE FOLLOWING:

- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** -A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information used in the process of granting credit. This information is supplied by public record sources, credit grantors and others to credit reporting agencies (CRA's) who organize and store that information for distribution to credit grantors, employers and insurers who are making credit, employment and insurance decisions about you. The FCRA gives suppliers and users of credit information, and CRA's, specific responsibilities in connection with their respective roles in the credit granting and reporting process. The FCRA also gives you specific rights in dealing with these entities, as summarized below. You can find the complete text of the FCRA, 15 U.S.C. 1681 et seq., at the Federal Trade Commission's web site (<http://www.ftc.gov>). You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **Access to your file is limited.** Your file may only be accessed by those who have a permissible purpose recognized by the FCRA—usually to consider an application you have submitted to a creditor, insurer, employer, landlord, or other business, or to consider you for an unsolicited offer of credit.
- **Your consent is required for reports that are provided to employers or that contain medical information.** A CRA may not give a report about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You can find out what is in your file.** Upon your request, a CRA must give you all the information in your file, and a list of everyone who has requested it recently. However, you are not entitled to any information concerning "risk scores", "credit scores", or other economic predictors that are in your file. There is no charge for the report if a third party used the information in your file to take unfavorable action toward you and you request the report within 60 days of receiving notice that the information in your file was used by a third party unfavorably. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you a fee of up to eight dollars.
- **You must be told if information in your file was a factor considered by a third party who took unfavorable actions toward you.** Upon your request, anyone who considers information from a CRA and who takes unfavorable action towards you—such as denying an application for credit, insurance, or employment—must give you the name, address, and phone number of the CRA that provided the information. Keep in mind that the third party, not the CRA, took the unfavorable action toward you and that the CRA will not be able to provide you with the reason for the unfavorable action.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must reinvestigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRA's—to which it has provided data—of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your dispute statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove inaccurate information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and

completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.

- **You can dispute inaccurate items with the source of the information.** If you tell the third party who furnished information to a CRA—such as a creditor who reports to a CRA—that you dispute an item, it may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old (ten years for bankruptcies).
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free telephone number for you to call and tell the CRA if you want your name and address removed from future lists or offers. If you notify the CRA through the toll-free number, it must keep you off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you can have your name and address removed indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies the authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors and others not listed below	Federal Trade Commission Bureau of Consumer Protection - FCRA Washington, DC 20580 •202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 •800-613-6473
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 •202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 •800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 •703-518-6360
Banks that are state-chartered, or are not Federal Reserve System members	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 •800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 •202-366-1306
Activities subject to the Packers and Stockyard Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 •202-720-7051