

Applicant Information						
Name: (Last)		(First)		(M.I.)	Date	
Street Address				Apartment/Unit#		
City			State	ZIP		
Date Available		Social Security#		Phone	<input type="checkbox"/> Home <input type="checkbox"/> Cell	
E-mail Address						
Type of Employment	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	Can you work weekends?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Evenings?	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<input type="checkbox"/> Temp (Seasonal/Semester)	<input type="checkbox"/> Internship	What days and hours are you available to work?			
Are you a citizen of the United States?		<input type="checkbox"/> YES <input type="checkbox"/> NO		If no, are you authorized to work in the U.S.?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever worked for Westcliff University?		<input type="checkbox"/> YES <input type="checkbox"/> NO			If so, when?	
How were you referred to this University?						
Do you have any friends, relatives, or acquaintances working for the University?			<input type="checkbox"/> YES <input type="checkbox"/> NO		If so, state name and relationship:	
Positions applying for: (In order of preference)	1.) Position:		Expected Salary:			
	2.) Position:		Expected Salary:			
	3.) Position:		Expected Salary:			

Education						
School/University	#of Years Completed	From (Month & Year)	To (Month & Year)	Did you graduate? (yes/no)	Diplomas/Degree	Major

Previous Employment			
Company			Phone
Address			Supervisor
Job Title			
Responsibilities			
Dates of Employment (Month/Year)		Reason for Leaving	
May we contact your previous supervisor for reference?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Company			Phone
Address			Supervisor
Job Title			
Responsibilities			
Dates of Employment (Month/Year)		Reason for Leaving	
May we contact your previous supervisor for reference?		<input type="checkbox"/> YES <input type="checkbox"/> NO	



Company		Phone	
Address		Supervisor	
Job Title			
Responsibilities			
Dates of Employment (Month/Year)		Reason for Leaving	
May we contact your previous supervisor for reference?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

References (Please list three (3) professional references.)			
Full Name		Relationship	
Company		Phone	
Street Address		E-mail	
City, State, Zip			
Full Name		Relationship	
Company		Phone	
Street Address		E-mail	
City, State, Zip			
Full Name		Relationship	
Company		Phone	
Street Address		E-mail	
City, State, Zip			

FOR FACULTY APPLICANTS ONLY			
How much experience do you have teaching online courses? (In years)			
Would you be willing to teach at both Irvine and Cerritos campuses?	<input type="checkbox"/> YES <input type="checkbox"/> Irvine Only <input type="checkbox"/> Cerritos Only <input type="checkbox"/> NO		
Are you interested in additional administrative work or projects outside of the classroom?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If so, how many hours per week?	
Please describe in detail any teaching or related experience you have working with international students online or on-campus in the U.S. and/or abroad.			

Additional Skills

Are you affiliated with any job-related groups, clubs, organizations, etc.?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Note: you may omit those which indicate your race, religion, creed, color, national origin, ancestry, sex, or age.		
If yes, please list:		



WESTCLIFF
UNIVERSITY
Educate. Inspire. Empower.

Please include any additional information you would like us to consider:



Disclaimer and Signature - PLEASE READ CAREFULLY BEFORE SIGNING

I certify that all answers I have given and any of the materials I have submitted with this application for this position are true and correct and that I have not knowingly withheld any facts or circumstances. I understand that all answers given in my application for employment are subject to verification and that should I be employed at the campus, any misrepresentation or omission of facts in this application maybe sufficient reason for dismissal. The application materials include this document and any other materials submitted.

Westcliff University only hires individuals lawfully authorized to work in the U.S. If hired, I agree to provide proof of my identity and work authorization as required by the Immigration Reform and Control Act of 1986. If employed, I understand that my employment maybe ended at any time, at the option of either Westcliff University or myself for any reason, with or without advance notice. This understanding cannot be changed except in writing by the campus President or his/her designee.

I understand that a copy of this application is available to me if I so desire. I acknowledge that I have read this authorization and release, fully understand it, and voluntarily agree to its provisions.

Signature

Date

Printed Name