

**EASTERN MICHIGAN UNIVERSITY
UPWARD BOUND
ACADEMIC YEAR APPLICANT INFORMATION**
(Please complete thoroughly)

Date _____ Position applied for _____

I PERSONAL INFORMATION

Name _____
Last First Middle Name

Social Security # ___/___/___ - ___/___ - ___/___/___ Are you a citizen of the United States? Yes No Are you a permanent resident? Yes No
If no, list your visa # _____ Type _____ Expiration date _____

Present address _____
Street City State Zip

Home address _____
Street City State Zip

Telephone # (daytime) (____) _____ - _____ Alternate telephone # (____) _____ - _____

Emergency contact _____ Emergency telephone # (____) _____ - _____

How did you learn about employment with EMU? Advertisement On-Campus Posting Job Fair Other Employees Web Page
 Other (please explain) _____

Are you under 18 years of age? Yes No If yes, do you have a work permit? Yes No
NOTE: The permit must be presented before starting work.

Have you ever been convicted of a felony? Yes No If yes, describe the nature of the offense, the sentence, and the date of sentencing:

Do you qualify for work Study? Yes No

Do you have a valid Driver's License? Yes No

II EDUCATIONAL HISTORY

Did you attend school under your present name? Yes No If no, please give name _____

School	Name and address	Years Completed	Date last Attended	Did you Graduate?	GPA	Major & Minor	Degree received
High School	Name _____ City State	1 2 3 4	____ mo. ____ yr.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
College or Trade School	Name _____ City State	Credits Earned	____ mo. ____ yr.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
College or Trade School	Name _____ City State	Credits Earned	____ mo. ____ yr.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Graduate School	Name _____ City State	Credits Earned	____ mo. ____ yr.	<input type="checkbox"/> Yes <input type="checkbox"/> No			

V **SCHEDULE**

List hours available to work:

Monday	Tuesday	Wednesday	Thursday	Friday
_____	_____	_____	_____	_____

VI **PERSONAL REFERENCES**

(List persons – other than relatives – likely to know your work skills and abilities)

	Name	Relationship	Phone Number
1.	_____	_____	(____) ____ - _____
2.	_____	_____	(____) ____ - _____
3.	_____	_____	(____) ____ - _____

ALL APPLICANTS MUST CAREFULLY READ AND SIGN BELOW

I acknowledge that the information I have provided in this application is true to the best of my knowledge. I understand that hiring decisions will be based on this information and if at any time the information provided (in part or in its entirety) is found inaccurate, I may be immediately discharged for that reason alone.

I authorize EMU to investigate my past employment and the information contained herein and release from liability all persons, or employers, supplying such information. I understand that such information may also include a record of disciplinary action assessed me by my previous employers, and hereby release such parties from any obligation to notify me of these investigations of my background. I understand that if hired I will be expected to abide by all policies and procedures outlined by the Upward Bound program and the institution.

Signature of Applicant_____
Date

For Office Use Only		
_____ 1	_____ ID	_____
_____ 2		_____
_____ 3		_____