



## Application for Faculty Employment

**William Carey University**  
**College of Osteopathic Medicine**  
**498 Tuscan Avenue Box 207**  
**Hattiesburg, MS 39401**



*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, gender, national or ethnic origin, religion or handicap.*

Date \_\_\_\_\_ Position Desired \_\_\_\_\_

Start date availability \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time (adjunct) \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip Code

Email Address \_\_\_\_\_

Telephone Number: Home ( \_\_\_\_\_ ) Office ( \_\_\_\_\_ )

List any other name (e.g. maiden name) by which you are known to schools or references \_\_\_\_\_

Place of birth: \_\_\_\_\_

Next of kin: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Are you legally eligible to work in the U.S.  Yes  No (Documentation will be required)

Have you worked for William Carey previously?  Yes  No

Have you ever been dismissed from any job, or resigned at the request of your employer or resigned while charges against you or an employer's investigation of your behavior was pending?  Yes  No

If yes, please describe: \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

(Conviction will not necessarily disqualify an applicant from employment.) If yes, describe conditions:

\_\_\_\_\_  
\_\_\_\_\_

### EDUCATION

College/University      Address      Dates      Major      Minor      Degree/Sem. Hrs.

### PROFESSIONAL EXPERIENCE

Dates      Position and faculty rank in teaching      Institution      Subjects taught or work done

Please request official transcripts to be sent to William Carey University, Office of Academic Affairs, 498 Tuscan Ave., Box 15, Hattiesburg, MS, 39401, from the colleges/universities you have attended. Also, an up-to-date resume or curriculum vitae is required with this application.

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I certify that the facts set forth in this Application for Employment, or any facts necessary to substantiate qualification for this position, are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize William Carey University to make an investigation of any of the facts set forth in this application.

I understand that WCU reserves the right to design its own personnel policies, make modifications or changes at any time without advance notice and to restructure the organization based on the business needs and conditions. I agree to abide and be governed by such revisions and changes.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**JOB-RELATED REFERENCES:** (Please include names, addresses, and telephone numbers of people who can speak with knowledge of your ability as a scholar or teacher.)

- 1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL REFERENCE:** (Please include name, address, and telephone number of someone not related to you.)

- 1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT INFORMATION RELEASE**

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold William Carey University, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process. I understand that additional background information may be requested if I am offered a position.

My signature certifies that the information in this application is true and correct. I understand that false entries are grounds for refusal to hire and discharge.

Signature of Applicant \_\_\_\_\_

Date signed \_\_\_\_\_