



University of Pennsylvania

Division of Human Resources. 3401 Walnut Street, Fifth Floor, Philadelphia, PA 19104-6228
Tel: (215) 898-7284 Fax: (215) 898-0682 WWW.HR.UPENN.EDU

Application for Employment

Reference Number and

Position for which you are applying:

Last Name

First Name

Middle Initial

Street Address

City, State

Zip Code

Telephone

E-mail

Type of work you prefer: Full-time Part-time Temporary Limited Service (9 or 10 months/year)

How did you learn about the position? Unique Advantage Penn HR Website/Internet Other _____

• Referred by _____ Agency _____ Print Ad _____
(name) (name) (newspaper, magazine)

Do you have the right to work in the U.S.? Yes No

If you have a visa, indicate visa type and number: _____ Expiration date: _____

Have you applied previously to Penn? Yes No If yes, date: _____

Are you currently employed at Penn? Yes No Current Supervisor & Dept: _____

Is any family member a Penn employee? Yes No If yes, name, dept, relationship _____

Do you have a valid driver's license? Yes No

If you are under the age of 18, do you have working papers? Yes No

What is your desired salary? _____

EDUCATION

High School	No. of Years Completed	Diploma or Degree	Program or Major
Vocational-Technical School	No. of Years Completed	Degree / Year graduated	Program or Major
College	No. of Years Completed	Degree / Year graduated	Program or Major
Graduate/Professional School	No. of Years Completed	Degree / Year graduated	Program or Major
Other Specialized Training/Certification	No. of Years Completed	Degree / Year graduated	Program or Major

WORK HISTORY *You MUST complete this information in full. "SEE ATTACHED RESUME" IS NOT ACCEPTABLE.*

Most Recent Employer: _____ Starting Salary: _____ Ending Salary: _____

Address _____ City & State: _____

Month/Year Began: _____ Month/Year Left: _____ Reason for leaving: _____

Supervisor's Name/Title: _____ Telephone: _____

Duties Performed: _____

Previous Employer: _____ Starting Salary: _____ Ending Salary: _____

Address _____ City & State: _____

Month/Year Began: _____ Month/Year Left: _____ Reason for leaving: _____

Supervisor's Name/Title: _____ Telephone: _____

Duties Performed: _____

Previous Employer: _____ Starting Salary: _____ Ending Salary: _____

Address _____ City & State: _____

Month/Year Began: _____ Month/Year Left: _____ Reason for leaving: _____

Supervisor's Name/Title: _____ Telephone: _____

Duties Performed: _____

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Please read carefully and sign:

I have carefully read the application statement and have provided accurate information to the best of my knowledge. The facts set forth in this application are true and complete. **Permission is given to the University of Pennsylvania to verify all information I have provided in this application.** I authorize all persons or entities I have referred to in this application to provide any relevant information to the University of Pennsylvania or its agents for use in investigation and release them from any liability doing so.

I understand and agree that any omission or misrepresentation of facts in my application will be justification for refusal or termination of employment. I understand that this employment application and any other University documents or statements are not contracts of employment. I acknowledge that employment at University of Pennsylvania is at will, meaning I will be free to leave at anytime and my appointment may be terminated for any reason at any time. Employment is contingent upon satisfactory completion of employment and reference checks. A minimum of two reference checks are required for employment, one of which must be from the applicant's current supervisor.

Signature of Applicant _____ Date Signed _____