



FHSU Foundation Employment Application

Please Note: Incomplete information could disqualify you from further consideration. Please complete all fields. This document, along with your resume and cover letter, must be submitted as one PDF to FoundationHR@fhsu.edu.

Full Name: _____ Date: _____

Address (including street, city, state, and zip): _____

Phone: _____ Email: _____

Are you legally eligible to work in the United States: YES NO

Have you ever been terminated from employment or asked to resign by an employer? YES NO

If yes, please provide company name(s) and details:

Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? YES NO

Do you have any relatives or friends who work for the FHSU Foundation? YES NO

If yes, please describe the nature of your relationship:

Are you presently employed? YES NO **If yes, may we contact your current employer?** YES NO

If presently employed, why are you considering leaving?

Position you are applying for at the FHSU Foundation: _____

Date you could start: _____ Hourly compensation rate/salary desired: _____

How did you hear about the FHSU Foundation and the position for which you are applying?

The FHSU Foundation is an equal opportunity employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

IMPORTANT – CERTIFICATION & AGREEMENT (Please read carefully before signing.)

I understand that neither the completion of this application nor any other part of my consideration for employment, establishes any obligation for the FHSU Foundation (FHSUF) to hire me. If employed, I agree to abide by and observe all rules and regulations of the FHSUF. I understand that my employment would be "at-will," meaning that either I (or the FHSUF) could terminate the employment relationship, if one is entered into, at any time, and for any reason, with or without prior notice or cause. I understand that no representative of the FHSUF has the authority to make any assurance to the contrary.

I certify with my signature below that I have given the FHSUF true and complete information on this application, and within all other submitted or requested employment application documents. No requested information has been concealed, and I understand that any omission or misrepresentation of material fact in this application, and in all application material, may result in denial of or separation from employment.

Date: _____ Signature _____

THIS APPLICATION IS VALID ONLY FOR 90 DAYS FROM THE DATE ABOVE