



Application for Employment
An Equal Opportunity/Affirmative
Action Employer

Charles River Campus
Human Resources
25 Buick Street
Second Floor
Boston, MA 02215
617-353-2380
www.bu.edu/hr

Medical Campus
Human Resources
715 Albany Street-Crosstown
Boston, MA 02118
617-638-4610
(Location: 801 Massachusetts Ave.)
www.bumc.bu.edu/hr

Date of application	Date available	Position	Expected earnings
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PERSONAL DATA

Name (last) (first) (middle)					Telephone (area code) <input type="checkbox"/> Home <input type="checkbox"/> Cell	
Present address (street)		(city)	(state)	(zip)	Email	
Alternate phone (area code) <input type="checkbox"/> Cell <input type="checkbox"/> Other						
Are you legally eligible to work in the U.S.? <input type="checkbox"/> yes <input type="checkbox"/> no		Will you now or in the future require sponsorship for employment visa status (e.g., H1-B visa status)? <input type="checkbox"/> yes <input type="checkbox"/> no		Have you ever worked at Boston University in either a temporary assignment or in a regular capacity? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, dates _____ department _____		
Have you ever applied for a position at Boston University? If yes, list date(s). <input type="checkbox"/> yes <input type="checkbox"/> no date(s) _____			How were you referred to Boston University? <input type="checkbox"/> self <input type="checkbox"/> website <input type="checkbox"/> newspaper <input type="checkbox"/> employee (name _____) <input type="checkbox"/> other _____			

EDUCATION RECORD Circle highest grade completed

		Grammar 1 2 3 4 5 6 7 8	High 9 10 11 12	College 1 2 3 4	Graduate 1 2 3 4
High School/Vocational School/GED	City, State	Dates attended	Did you graduate? <input type="checkbox"/> yes <input type="checkbox"/> no	Course	
College	City, State	Dates attended	Did you graduate? <input type="checkbox"/> yes <input type="checkbox"/> no	Major	Degree
Graduate School	City, State	Dates attended	Did you graduate? <input type="checkbox"/> yes <input type="checkbox"/> no	Major	Degree
Additional Schooling	City, State	Dates attended	Did you graduate? <input type="checkbox"/> yes <input type="checkbox"/> no	Major	Degree

PROFESSIONAL LICENSES AND SKILLS

Do or did you have any relevant professional licenses or business certifications? yes no What are/were they? _____

Have they ever been suspended or revoked for any reason? yes no Please state reason if applicable.

COMPUTER SKILLS Please indicate your proficiency level (F=familiar, P=proficient)

Mac _____ Windows _____ MS Office: Word _____ Excel _____ Filemaker _____ HTML _____ Dreamweaver _____

Access _____ Powerpoint _____

Other Web Development Applications _____ Other Applications/Programs _____

EMPLOYMENT RECORD (List present or most recent position first, then work back. Please include work performed on a volunteer basis as well. Continue on reverse side if necessary.)

Name of firm or institution	City, State	Telephone number	Dates employed From: To:	Position	Salary
Describe your duties					
Reason for leaving			Supervisor	Title	
Name of firm or institution	City, State	Telephone number	Dates employed From: To:	Position	Salary
Describe your duties					
Reason for leaving			Supervisor	Title	
Name of firm or institution	City, State	Telephone number	Dates employed From: To:	Position	Salary
Describe your duties					
Reason for leaving			Supervisor	Title	
Name of firm or institution	City, State	Telephone number	Dates employed From: To:	Position	Salary
Describe your duties					
Reason for leaving			Supervisor	Title	

Please complete reverse side.

In case of emergency notify:	Name	Address	Telephone number
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In the space below you may include additional information you feel might favorably affect consideration of your application.

I represent that the information contained in this application for employment is true and I understand that any misrepresentation or omission of information on this application or on my résumé, CV, or other information, or presented in an employment interview, or in support of my application may be grounds for denial of employment or my immediate dismissal. By submitting this application, I authorize Boston University to verify any information contained in this application or presented in support of this application, including verification of previous or present employment and verification of education record (attendance, graduation date, diploma, certification, or degree received) and I authorize any previous or current employer or educational institution listed on this application to release such information to Boston University in connection with this application.

I do do not authorize any educational institution listed on this application to release to Boston University copies of my academic transcript.

I understand that regular employment depends upon satisfactory replies from my references, acceptable outcome of a criminal history records check when required, a favorable report on my physical examination where required, and successful completion of a probationary period of employment where applicable. Also, under the Immigration Reform and Control Act of 1986, all applicants accepting employment at Boston University will be required to produce proof of their identity and employment eligibility within three working days of their first day of work as a condition of continued employment.

Your signature _____ Date _____

It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Boston University prohibits discrimination against any individual on the basis of race, color, religion, sex, age, national origin, physical or mental disability, sexual orientation, genetic information, military service, or because of marital, parental, or veteran status. This policy extends to all rights, privileges, programs, and activities, including admissions, financial assistance, educational and athletic programs, housing, employment, compensation, employee benefits, and the providing of, or access to, University services or facilities. Boston University recognizes that non-discrimination does not ensure that equal opportunity is a reality. Accordingly, the University will continue to take affirmative action to achieve equal opportunity through recruitment, outreach, and internal reviews of policies and practices. Inquiries regarding this policy or its application should be addressed to the Director of Equal Opportunity, Equal Opportunity Office, 25 Buick Street, Boston, MA 02215, 617-353-9286.

In accordance with federal regulations, a copy of the Boston University Annual Security Report, which provides information about campus security programs and policies and relevant campus statistics for the past year, is available upon request through the Boston University Police Department, 32 Harry Agganis Way, Boston, Massachusetts 02215.

Applications remain active for sixty (60) days.

**IF YOU NEED AN ACCOMMODATION DURING THE APPLICATION PROCESS,
PLEASE CALL 617-353-4486 (CHARLES RIVER CAMPUS), 617-638-4610 (MEDICAL CAMPUS), OR 617-353-9286 (TDD).**