



WILLIAM PENN UNIVERSITY

APPLICATION FOR WORK STUDY EMPLOYMENT

RETURN TO: WILLIAM PENN UNIVERSITY
DIVISION OF NURSING
201 TRUEBLOOD AVE
OSKALOOSA, IA 52577



- ⇒ The attached sheet is yours to keep.
- ⇒ Applications must be filled out in their entirety for you to be considered for employment.
- ⇒ Applicants must possess (or be able to maintain) at least a 2.75 GPA.

APPLICANT

Legal Name _____ ID # _____
Last First Middle Jr., etc.

Preferred name, if not first name (only one) _____ Birth Date _____

Preferred telephone Home Cell Home (____) _____ Cell (____) _____

E-mail Address _____ Secondary E-mail _____

Permanent home address _____
Number & Street Apartment #

City/Town County or Parish State/Province Country ZIP/Postal Code

Are you a citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Have you ever worked in the WPU Division of Nursing Office? Yes No If so, when? _____

Have you ever been convicted of a felony? Yes No If so, explain _____

Position Applying For Office Assistant

EDUCATION

Please list your most recent **high school and all colleges with dates** attended (attach separate sheet if necessary): _____ Graduated?

School Name City, State, Zip, Country Dates Attended (mm/yyyy)

School Name City, State, Zip, Country Dates Attended (mm/yyyy)

School Name City, State, Zip, Country Dates Attended (mm/yyyy)

School Name City, State, Zip, Country Dates Attended (mm/yyyy)

High School Graduation Date ____/____/____

GED Completion Date ____/____/____



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REFERENCES

Please list three **professional** references (no family or friends):

#1. _____
Full Name *Relationship* *Length of time known*

Company: _____ Phone (____) _____ Email (if known) _____

#2. _____
Full Name *Relationship* *Length of time known*

Company: _____ Phone (____) _____ Email (if known) _____

#3. _____
Full Name *Relationship* *Length of time known*

Company: _____ Phone (____) _____ Email (if known) _____

PREVIOUS EMPLOYMENT

Please list your two **most recent** jobs:

#1. _____
Company Name *Address (City, State, Zip)*

Supervisor: _____ Phone (____) _____ Email (if known) _____

Job Title: _____ Employed from _____ Reason for Leaving _____
MM/YY-MM/YY

Responsibilities _____ May we contact this supervisor? Yes No

#2. _____
Company Name *Address (City, State, Zip)*

Supervisor: _____ Phone (____) _____ Email (if known) _____

Job Title: _____ Employed from _____ Reason for Leaving _____
MM/YY-MM/YY

Responsibilities _____ May we contact this supervisor? Yes No

SIGNATURE

- I certify that all information submitted in this application is factually true and honestly presented.
- I have read and agree to abide by all policies listed on the attached sheet.
- I acknowledge that this document will become the property of the office to which I am applying and will not be returned to me.
- I understand that I may be subject to dismissal should the information I have certified be false or if my GPA drops below the listed requirement.

Signature _____ Date _____