

**APPLICANTS FOR FACULTY POSITIONS and OPS APPOINTMENTS
CERTIFICATION OF EMPLOYABILITY
PLEASE PRINT OR TYPE – USE BLACK OR BLUE INK PLEASE**

PERSONAL INFORMATION

First Name: _____ Last Name: _____ M.I.: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: () _____ Home Phone: () _____

Only U.S. citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Others are prohibited from employment by Federal Law. **PLEASE ANSWER BOTH QUESTIONS BELOW.**

Are you **presently** authorized to work in the U.S.? _____ Yes _____ No

Will you be authorized to work in the U.S. at the time of your proposed start date? _____ Yes _____ No

Federal Law requires proof of your authorization. You will be asked to provide proof of your identity and employment eligibility no later than three days after employment.

Do you currently work or have you ever worked for USF, or any institute or direct-support organization of USF? If so, when, where and under what name(s)? _____ Yes _____ No

Do you currently work or have you ever worked for another university in Florida's State University System or for a state agency in Florida? _____ Yes _____ No

Dates: _____ Agency: _____

Do you have any relative(s) employed by USF? _____ Yes _____ No

If 'Yes', list their name(s), relationship to you, and the department(s)/unit(s) in which they are employed:

Are you a veteran of the U.S. military? _____ Yes _____ No

If Yes, list your dates of active duty and discharge date:

Active duty From: _____ To: _____

Discharge date: _____

Did you receive a **dishonorable** discharge from the military? * _____ Yes _____ No

Criminal conviction information:

Have you ever been convicted of, pleaded no contest to, or had an adjudication of guilt withheld for a felony or first-degree misdemeanor? _____ Yes _____ No

Have you ever been convicted in Florida of a felony committed after September 1990 for selling or trafficking in, or conspiracy to sell or traffic in, a controlled substance? _____ Yes _____ No

If you answered 'Yes' to this question, before you can be employed at USF, Florida Law requires proof that you have completed all imprisonment sentences and/or supervisory/probationary sanctions imposed by the court, Parole Commission or by law. The hiring department will ask you to provide this proof if you are hired.

*Answering 'Yes' will not necessarily bar you from employment. Each case will be judged on its own merit with respect to time, circumstances, seriousness, and the type of position

Continued next page

Personal Information Continued

Have you ever been censured/disciplined or found to be in violation of ethical standards by a professional organization? _____ Yes _____ No

If you answered 'Yes' to any of the above questions, list the date, offense, and describe the circumstances.*

In cases of criminal charges, list the specific charge. Use additional paper if necessary.

Date: _____
Offense: _____

City/State in which convicted: _____
Judgment, including probation: _____

* Answering 'Yes' will not necessarily bar you from employment. Each case will be judged on its own merit with respect to time, circumstances, seriousness and the type of position.

CERTIFICATION, AUTHORIZATION AND SIGNATURE

I hereby consent to the release of any information maintained about me by all previous employers, educational institutions, law enforcement authorities, licensing boards or any other entity, agency, or individual which the University may contact to secure references or records. I hereby authorize the University to release information concerning my employment to any prospective employer or others seeking to verify my employment from USF. I hereby release the University from all liability for any truthful statement made by any employee, agent or official of the University, authorized by Human Resources, which is made to any prospective employer and waive any claim that might arise from any such statement. I consent to the use of my social security number for University business. I certify that the statements I made are true and complete to the best of my knowledge. I further understand that any false statements or omissions made on this application or supplements may be grounds for immediate discharge or for removal from consideration of employment.

Signature: _____ Date: _____

Revised 11/12/04

COMPLETE THIS FORM AND RETURN IT DIRECTLY TO THE DEPARTMENT IN WHICH YOU ARE APPLYING FOR A FACULTY POSITION OR OPS JOB.